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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

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Account Number : I20200000043
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the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA PROFIT/NON PROFIT CORPORATION
UNITED PRO ROOFING INC**

Certificate of Status	1
Certified Copy	0
Page Count	4
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4/1

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: UNITED PRO ROOFING INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: WALTER GOMEZ

Name (Printed or typed)

508 SW PORT SAINT LUCIE BLVD

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-879-0010

Daytime Telephone number

WFTAXES.MORE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: UNITED PRO ROOFING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5660 SE 44TH AVE
STUART, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIK O PEREZ, PRESIDENT

Name and Title: DANNY L PEREZ, VICE PRESIDENT

Address 5660 SE 44TH AVE, STUART, FL 34997

Address: 5660 SE 44TH AVE, STUART, FL 34997

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERIK O PEREZ
Address: 5660 SE 44TH AVE, STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
Address: 508 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34953

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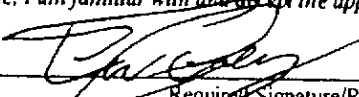
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/24/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Required Signature/Registered Agent

03/24/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

03/24/2022

Date