

3/29/22, 9:40 AM

Division of Corporations

**P2200002 3173**

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

From:  
Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

Email Address: \_\_\_\_\_

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CORPORATIONS  
COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PSL CONSTRUCTION SERVICES INC.**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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D. O'KEEFE

MAR 30 2022

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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: PSL CONSTRUCTION SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1951 NW CATALUNA CIR, PORT ST. LUCIE, FL 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION AND ANY LAWFUL PURPOSES

ARTICLE IV SHARES  
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADALBERTO LOPEZ, PRESIDENT

Address: 1951 NW CATALUNA CIR  
PORT ST. LUCIE, FL 34986

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: ADALBERTO LOPEZ  
Address: 1951 NW CATALUNA CIR  
PORT ST. LUCIE, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ADALBERTO LOPEZ  
Address: 1951 NW CATALUNA CIR  
PORT ST. LUCIE, FL 34986

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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*

Adalberto Lopez

Required Signature/Registered Agent

3/29/2022

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.*

Adalberto Lopez

Required Signature/Incorporator

3/29/2022

Date