

P22000042131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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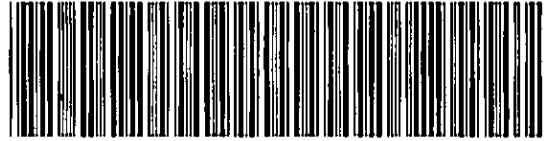
(Business Entity Name)

(Document Number)

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09/27/19--01006--004 **10.00

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JAN 13 2022

2022 JAN 13 PM 12:51

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

RAUL DELGADO
2761 NW 16TH TERR, FRONT 3
MIAMI, FL 33125

SUBJECT: FLORIDA REMODELING & CONSTRUCTION CORP
Ref. Number: W19000080499

We have received your document for FLORIDA REMODELING & CONSTRUCTION CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED THE WRONG FORMS FOR THIS FILING. I HAVE ATTACHED THE RIGHT FORMS FOR YOU TO FILL OUT AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 719A00018129

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NO DOCUMENTO PARA BUSEAR EN EL
GOV - W19000080499
FALTA NUMERO DE FEDERAL
MADE LOS PAPELOS EL 9/16/19
DE NUEVO

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

SUBJECT: FLORIDA REMODELING CONSTRUCTION Corporation
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: RAUL DELGADO
Name (Printed or typed)

2761 NW 16 TERR #3
Address

MIAMI, FL 33125
City, State & Zip

786-319-2691
Daytime Telephone number

MAGDA FLORES 69@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: FLORIDA REMODELING & CONSTRUCTION CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

WILFREDO VELONZA

Mailing address, if different is:

2036 NW 2ST MI FL 33125

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING HOUSES & REMODELING
AND ANY LEGAL BUS.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILFREDO VELONZA PRES Name and Title: _____

Address: 2036 NW 2ST Address: _____
MIAMI, FL 33125
PRES

Name and Title: MAGDA FLORES Name and Title: _____

Address: 2036 NW 2ST Address: _____
MIAMI, FL 33125
Vice PRES.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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1ST DISTRICT
JAN 13 2022

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: RAUL DELGADO
Address: 2761 NW 16 TERR #3
MIAMI, FL 33125

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DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAUL DELGADO
Address: 2761 NW 16 TERR #3
MIAMI, FL 33125


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.)

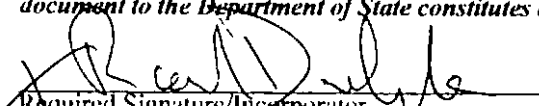
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

1/8/22
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

Date 1/8/22