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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer				
Office Has Bull AM				

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COVER LETTER

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

SUBJECT: JULIO AZ SIDING AND MORE CONSTRUCTION CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **☑** \$78.75 □ \$70.00 □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Julio Aguilar Name (Printed or typed) 5175 Box Wood Ln Address Tallahassee, FL 32303 City, State & Zip 850-631-2716 Daytime Telephone number julioaguilar161@gmail.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	tion shall be: JULIO AZ SIDING A	ND MORE CON	ISTRUCTION CORP
	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
5175 Box Wood Ln			
Tallahassee, FL 32	303		
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	truction Related	Jobs

ARTICLE IV SHAR. The number of shares of ARTICLE V INITIA	ES stock is: 1 IL OFFICERS AND/OR DIRECTORS		
Name and Title	Julio Aguilar - President	Name and Title	Maria L Sime - Vice President
Address	5175 Box Wood Ln	Address:	5175 Box Wood Ln
	Tallahassee, FL 32303		Tallahassee, FL 32303
Name and Title		Name and Title	
Address			22 JUN
			1 B 3
Name and Title		Name and Title	3. S
Address		Address:	
			

Name a	nd Title:	Name and Title:			
Address		Address:			
	. <u>-</u>				
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:			
Name:	Sandra Concepcion				
Address:	3219 Bodmin Moor Dr.				
	Tallahassee, FL 32317		~		
ARTICLE VII	<u>INCORPORATOR</u>		36671 AV		
The name and a	address of the Incorporator is:		<u>-</u> -		
Name:	Julio Aguilar		>		
Address:	5175 Box Wood Ln		ယ္ လ္ <u>ကို</u>		
	Tallahassee, FL 32303		O4 %		
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) nnot be more than five days pr	ior or 90 days after the		
	e inserted in this block does not meet the applica effective date on the Department of State's recor		, this date will not be listed as		
	med as registered agent to accept service of proce familiar with and accept the appointment as regi				
Landra Concepción			06/01/2022		
	Required Signature/Registered Agent		Date		
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the fa lony as provided for in s.817.155.	lse information submitted in a , F.S.		
July A			06/01/2022		
स्टिप्सिस्स्या डा <u>श</u> ाका	ure/Incorporator	Dat	te		