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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diam@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
AC FLOORING INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

2022 JUN -8 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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6/8/2022 12:30:16 PM PAGE 1/001 Fax Server



June 8, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: AC FLOORING INC
REF: W22000076221

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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COVER LETTER

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

SUBJECT: DOR FLOORING 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: MONICA ALEJANDRA MERLOS

Name (Printed or typed)

1265 S PINE ISLAND RD

Address

PLANTATION, FL 33324

City, State & Zip

754-217-8519

Daytime Telephone number

vmerlosc77@gmail.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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: DOR FLOORING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1265 S PINE ISLAND RDPLANTATION, FL 33324

Mailing address, if different is:

1265 S PINE ISLAND RDPLANTATION, FL 33324**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: MONICA ALEJANDRA MERLOS Name and Title: PRESIDENTAddress 1265 S PINE ISLAND RD
PLANTATION, FL 33324

Address: _____

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

Name: LAMADRID FINANCIAL SERVICES CORP
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MONICA ALEJANDRA MERLOS
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/06/2022 (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*ALEXIS LAMADRID

Required Signature/Registered Agent

06/06/2022

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.*MONICA ALEJANDRA MERLOS

Required Signature/Incorporator

06/06/2022

Date

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