7/21/22, 7:31 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000248323 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION

AG CONSTRUCTION GROUP CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help



7/25/2022 2:48:08 PM PAGE

1/001 Fax Server



July 25, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

LICENSES & PERMITS LLC

SUBJECT: AG CONSTRUCTION GROUP CORP

REF: W22000097088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P11000014778 (A & G CONSTRUCTION GROUP, INC.).

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

Dil Sultana Regulatory Specialist II

FAX Aud. #: H22000248323 Letter Number: 322A00016586

COVER LETTER

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

UBJECT: GALDO CONSTRUCTIO		
Snelosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
	Printed or typed)	
8300 WEST FLAGLER S		•
MIAMI, FL 33144	dress	
	ite & Zlp	
(305)226-8727		
Daytime Telep	· —	
LUCIAESTRELLA@BELL E-mail address: (to be used for	SOUTH, NET	fication)

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)

1251 NW 20 10RAL, FL :	RINCIPAL OFFICE Principal street address ST, #121		Mailing address, if different is:	
TICLE III PE	VRPOSE sich the corporation is organized is:AN	Y LAWFUL AC	TIVITY	
ICLRIY SH	ARES			
winber of chares	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS			
winber of chares	of stock is: 100		. CAMMARATA, GASP. 11251 NW 20 ST. #121	AF
winber of shares CLE V INT Name and T	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS inic: GALDO, ADRIAN-PRES			AF
Winber of shares CLB V DVF Name and T Address	of stock in: 100 TLAL OFFICERS AND ADRIAN - PRES inic: GALDO, ADRIAN - PRES 11251 NW 20 ST. #121 DORAL, FL 33172	Address:	11251 NW 20 ST. #121 DORAL, FL 33172	AF 201 C. 10
Name and T Address	TAL OFFICERS AND ADR DIRECTORS THE: GALDO, ADRIAN-PRES 11251 NW 20 ST. #121	Address: Name and Title:	11251 NW 20 ST. #121 DORAL, FL 33172	AF 201 C. 10
Winber of shares CLE V NT Name and T Address Name and Title	rial officers and or directors inic: GALDO, ADRIAN-PRES 11251 NW 20 ST. #121 DORAL, FL 33172	Address: Name and Title:	11251 NW 20 ST. #121 DORAL, FL 33172	AF 201 C
Name and Titi	TAL OFFICERS AND AOR DIRECTORS inic: GALDO, ADRIAN-PRES 11261 NW 20 ST. #121 DORAL, FL 33172	Address: Name and Title: Address:	11251 NW 20 ST. #121 DORAL, FL 33172	1111 5. 13

Name an	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fi	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	ADRIAN GALDO	_	
Address:	11251 NW 20 ST, #121	_	
	DORAL, FL 33172	-	
RTICLE VII	INCORPORATOR		
The <u>name and ad</u>	idress of the incorporator is:		
Name:	ADRIAN GALDO	_	20
Address:	11251 NW 20 ST, #121	_	22 J
	DORAL, FL 33172	. "	Œ 2
			96,
iffective date, if	EFFECTIVE DATE: O7/21/2022	(OPTIONAL)	
lf an effective di ling.)	ate is listed, the date must be specific and cann	ot be more than five days prior or 90 days	after the
iote: If the date : to document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will	not be listed a
aving been name	ed as registered agent to accept service of process f miliar with and accept the appointment as register	or the above stated corporation at the place of red agent and agree to act in this capacity	lesignated in th
ertificate, I am fu	UTTALL.		
ertificate, I am fa	Required Signature/Registered Agent		2022 Pate