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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HIGH ROOF QUALITY SERVICES INC**

Certificate of Status	0
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Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: HIGH ROOF QUALITY SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
7328 NW MIAMI CT
MIAMI, FL 33150Mailing address, if different is:
777 NW 72nd AVE STE 1068
MIAMI, FL 33126**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HENDRI A. PEREZ HERNANDEZ - PAddress 7328 NW MIAMI CT
MIAMI, FL 33150

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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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: HENDRI A. PEREZ HERNANDEZ
 Address: 7328 NW MIAMI CT
MIAMI, FL 33150

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: HENDRI A. PEREZ HERNANDEZ
 Address: 7328 NW MIAMI CT
MIAMI, FL 33150

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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*/s/ Hendri A. Perez Hernandez_____
Required Signature/Registered Agent_____
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.*/s/ Hendri A. Perez Hernandez_____
Required Signature/Incorporator_____
Date