

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BUILDING DESIGN BY ARDELIO INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

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

ARTICLE I NAME

The name of the corporation shall be: BUILDING DESIGN BY ARDELIO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
14035 SW 154th ST
MIAMI, FL 33177

Mailing address, if different is:
14707 S. DIXIE HWY STE 300
MIAMI, FL 33176

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: ARDELIO DUENA CABRERA - P Name and Title: _____

Address 14035 SW 154th ST Address: _____
MIAMI, FL 33177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ARDELIO DUENA CABRERA
 Address: 14035 SW 154th ST
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARDELIO DUENA CABRERA
 Address: 14035 SW 154th ST
MIAMI, FL 33177

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/ Ardelio Duena Cabrera

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/ Ardelio Duena Cabrera

Required Signature/Incorporator

 Date

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