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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 : ORANGE BUSINESS SOLUTIONS INC
Account Number : I20210000133
Phone : (305)417-9919
Fax Number : (305)938-8087

S. CHATHAM
SEP 10 2022

****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
MADEBYANDRES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2022 SEP -9 PM 1:45

FILED
DIVISION OF CORPORATIONS

22 SEP -9 PM 3:12
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



September 8, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ORANGE BUSINESS SOLUTIONS INC

SUBJECT: MADEBYANDRES INC
REF: W22000113792

We have received your document for MADEBYANDRES INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Hyacinth LeBlanc
Regulatory Specialist II

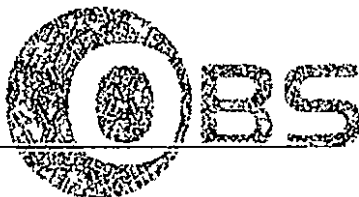
FAX Aud. #: H22000307107
Letter Number: 022A00019984

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ANDRES DESIGN & CONSTRUCTION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

58 NE 14TH STAPT 1508MIAMI, FL 33132**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP -9 PM 3:12**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDRES GOMEZ - President

Name and Title: _____

Address 58 NE 14TH ST

Address: _____

APT 1508MIAMI, FL 33132

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: ANDRES GOMEZ
Address: 58 NE 14TH ST APT 1508
MIAMI, FL 33132

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANDRES GOMEZ
Address: 58 NE 14TH ST APT 1508
MIAMI, FL 33132

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

ANDRES GOMEZ

Required Signature/Registered Agent

09/06/2022

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.

ANDRES GOMEZ

Required Signature/Incorporator

09/06/2022

Date

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of Florida.

Company Authorized Signatures:

Signature ANDRES GOMEZ
Printed Name: GOMEZ ANDRES
Title: PRESIDENT
Address: 58 NE 14TH ST
APT 1508 MIAMI FL 33132
Identification: _____

Signature _____
Printed Name: _____
Title: _____
Address: _____
Identification: _____

Signature _____
Printed Name: _____
Title: _____
Address: _____
Identification: _____

Signature _____
Printed Name: _____
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