Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

Fax Number : (305)675-5944

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

Email Address	•	
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FLORIDA PROFIT/NON PROFIT CORPORATION
HIGH ROOF MUITI SERVICES SINC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME:	The name of	the corporation is:
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HIGH ROOF MUlti ServicES INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
18420 SW 77ct cutler bay FL33157
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
LOBerto F Pardo gonzalez
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Roberto F Pardo 90020 e2
18420 GW 77-Ct Cutter bay
FI 33157
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Roberto F Pardo gonzalez
18420 Sw 77-ct Putter bory
FI 33157

Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

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.

Incorporator Date