

# P23Db0014095

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

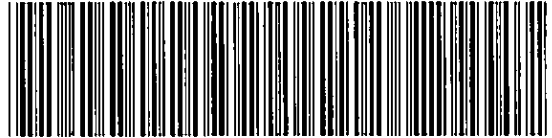
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23 FEB - 7 PM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

### FILED

## COVER LETTER

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

SUBJECT: Cyber Remodeling Co.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Andrea Molina  
                    Name (Printed or typed)  
10976 Hidden Lake PL.  
                    Address  
Boca Raton, FL 33498  
                    City, State & Zip  
660-864-6836  
                    Daytime Telephone number  
cyberremodeling@gmail.com  
                    E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**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)

**ARTICLE I NAME**

The name of the corporation shall be: Cyber Remodeling Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10976 Hidden Lake PL., Boca Raton, FL 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: tile installation company. A tile company to install tiles on floors, walls and ceilings of residential, commercial and public buildings. Handle prep work, which includes removing the existing floor, leveling the surface, cleaning the area, and shaping tile.

**ARTICLE IV SHARES**

2

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Andrea Molina -President

Name and Title: Flavio Santos - Vice President

Address 10976 Hidden Lake PL.  
Boca Raton, FL 33498

Address: 10976 Hidden Lake PL.  
Boca Raton, FL 33498

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
23 FEB - 7 PM 7:26  
SECRET OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Andrea Molina

Address: 10976 Hidden Lake PL.

Boca Raton, FL 33498

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Andrea Molina

Address: 10976 Hidden Lake PL.

Boca Raton, FL 33498

**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*

DocuSigned by:

Andrea Molina

Required Signature/Registered Agent

1/6/2023

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.*

DocuSigned by:

Andrea Molina

Required Signature/Incorporator

1/6/2023

Date

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23 FEB 7 PM 2  
STATE OF FLORIDA  
TALLAHASSEE