

P23000041247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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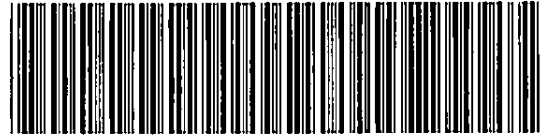
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 26 2023

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TALLAHASSEE, FLORIDA

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2023 MAY 25 AM 10:29

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT NEAL TIGHT ROOFING INC
(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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$1587.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ANDY GARCIA
Name (Printed or typed)
8840 NW 170 TERRACE
Address
HIWALEAH FL 33015
City, State & Zip
786 879 0656
Daytime Telephone number
info@STROPER.COM
E-mail address: (to be used for future annual report notification)

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 NEAL TIBBIT ROOFING INC

ARTICLE II PRINCIPAL OFFICE

8340 NW 170 TERRACE
Principal street address

Mailing address, if different is:

HIWALEAH FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ROOFING CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDY GARCIA PRES Name and Title: _____

Address: 8340 NW 170 TERR. Address: _____

HIWALEAH, FL 33015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Andy Garcia

Address: 8340 NW 170 TER
HIQ/EGH, # 33015

ARTICLE VII INCORPORATOR

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

Name: Andy Garcia

Address: 8340 NW 170 TER
HIQ/EGH, # 33015

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FLORIDA
SECRETARY OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/26/23 (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

Andy Garcia
Required Signature/Registered Agent

5/26/23
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.

Andy Garcia
Required Signature/Incorporator

5/26/23
Date