

P23000044511
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000209184 3)))



H230002091843ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 REMODELING AND CABINET SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUN -9 PM 3:52

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

2023 JUN -9 PM 1:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

QES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Remodeling and cabinet services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

848 se 17 st Homestead, FL 33034**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jose Daniel Martinez Rojas (P)CLERK OF STATE
TALLAHASSEE, FL

2023 JUN -9 PM 1:22

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jose Daniel Martinez Rojas848 SE 17 STHomestead FL 33034**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSE DANIEL MARTINEZ ROJAS848 SE 17 STHomestead FL 33034

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 familiar 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

FILED**2023 JUN -9 PM 1:22
DEPT. OF STATE
TALLAHASSEE, FL**