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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC

Account Number : I20200000185 Phone : (754)200-4294

Fax Number : (844)254-4044

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 NE, CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

REMODELING NE. CORP

ADTICLE II DDINGIDAL OFFICE.

	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	3931 SW 59TH AVE	
	DAVIE FL 33314	
•		
ARTIC	CLE III SHARES: The number of shares of stock is:100	·
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	ROSA NAYELY ESTRADA (PRESIDENT)	
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	The state of the s	5 Z
	TCLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The na	nme and Florida street address (PO Box not acceptable) of the registered agent i ROSA NAYELY ESTRADA	is:
	3931 SW 59TH AVE	
	DAVIE FL 33314	
A DYP	ICLEVI INCORPORATOR: The name and address of the Incorporator is	٠.
AKI	ROSA NAYELY ESTRADA	
	3931 SW 59TH AVE	•

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

ROSA NAYELY ESTRADA	07/03/2023
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.

ROSA NAYELY ESTRADA	07/03/2023
Incorporator	Date