

P23000069673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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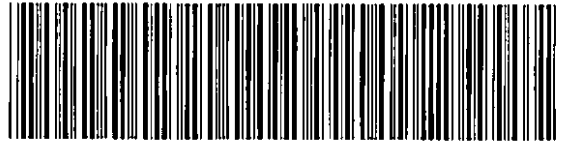
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 9/27

CERTIFIED COPY

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INC

1. PROFESSIONAL RENOVATIONS INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: Professional Renovations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1340 Tuskawilla Rd.

Suite 106

Winter Springs, FL 32708

Mailing address, if different is:

1340 Tuskawilla Rd.

Suite 106

Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home and business facilities construction maintenance
and renovations, including but not limited to, tiling, carpeting, painting and general renovations;
such as, cabinets and kitchens, family rooms, bedrooms and offices.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Malvin Cabrera, Construction Director</u>	Name and Title:	<u>Santiago Tula, Managing Marketing and Sales Director</u>
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Address 1340 Tuskawilla Rd.

Suite 106

Winter Springs, FL 32708

Address: 1340 Tuskawilla Rd.

Suite 106

Winter Springs, FL 32708

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FL 32301

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: Registered Agent Solutions, Inc.
Address: 2894 Remington Green Ln., Ste. A
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: Santiago Tula
Address: 1340 Tuskawilla Rd.; Suite 106
Winter Springs, FL 32708


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


Required Signature/Registered Agent

9/26/2023

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.

Santiago Tula
Required Signature/Incorporator

Sept 26, 2023
Date