24000 Pida Regular of Sate Division of Corporations Electronic Filing Cover Sheet

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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

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| | | |

FLORIDA PROFIT/NON PROFIT CORPORATION CORDOVA ROOFING AND CONSTRUCTION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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ARY OF STATE SSEE, FLORID

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ordova roofing and construction corp

| | TICLE IT PRINCIPAL OFFICE: | |
|---|--|----------------------------------|
| The prin | ncipal street address and mailing address is: | |
| 1827 nw 19 t | ter miami florida 33125 apt #2 | 204 |
| 1027 1111 17 | | |
| | | |
| | | |
| | 100 |): |
| ARTICLE III SHAR | ES: The number of shares of stock is: 100 | · |
| | TAXONA TARDECTORS AND OF OFF | icirs \geq_w . |
| ARTICLE IV | INITIAL DIRECTORS AND/OR OFF | · · · / |
| | | |
| Gustavo Edua | rdo Cardoza cordova (P) | SS. |
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| <u> </u> | | LOR LOR |
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| ARTICLE V INFI | TAL REGISTERED AGENT AND STREE | ET ADDRESS: |
| ARTICLE V INIT | TAL REGISTERED AGENT AND STREE reet address (PO Box not acceptable) of the re | T ADDRESS: |
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| The name and Florida st | TAL REGISTERED AGENT AND STREE reet address (PO Box not acceptable) of the re ardo Cardoza Cordova | T ADDRESS: egistered agent is |
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| The name and Florida st Gustavo Edu | reet address (PO Box not acceptable) of the re | egistered agent is |
| The name and Florida st Gustavo Edu 1827 nw 19 te | ardo Cardoza cordova er miami florida 33125 apt #20 | egistered agent is |
| The name and Florida st Gustavo Edu 1827 nw 19 te | ardo Cardoza cordova er miami florida 33125 apt #20 ORPORATOR: The name and address of the | egistered agent is |
| The name and Florida st Gustavo Edu 1827 nw 19 te | ardo Cardoza cordova er miami florida 33125 apt #20 ORPORATOR: The name and address of the | egistered agent is |
| The name and Florida st Gustavo Edu 1827 nw 19 te | ardo Cardoza cordova er miami florida 33125 apt #20 | egistered agent is |

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

10/21/2022 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.

PATA DE

10/21/2022

Date

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