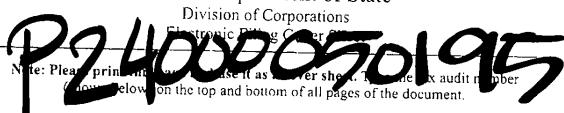
Florida Department of State



(((H24000260600 3)))



H240002605003ABCU

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC

Account Number : I20230000151

Phone : (305)595-2407

Fax Number : (305)595-2408

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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FLORIDA PROFIT/NON PROFIT CORPORATION

moreno all construction inc

| Certificate of Status | 0 |
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COVER LETTER

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

| SUBJECT. MC | DRENO ALL CONSTRUCTION INC | | |
|-----------------|---|---------------------------------------|---|
| SUBJECT: | (PROPOSED CORPOR | ATE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an | original and one (1) copy of the a | rticles of incorporation and | i a check for: |
| | 0 □ \$78.75 ee Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PPY REQUIRED |
| FROM: | L & M ACCOUNTING SERVICES Nan 7750 SW 117TH AVE SUITE 203 | INC ne (Printed or typed) | |
| | | Address | |
| | MIAMI FLORIDA 33183 | | |
| | City | v. State & Zip | |
| | 305 595-2407 | | |
| | Daytime | Telephone number | |
| | MARIAQUIROS9@HOTMAIL.COM | | |
| | E-mail address: (to be us | ed for future annual report r | otification) |

NOTE: Please provide the original and one copy of the articles.

UNISTRUCTURE OF STATE OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II PRINCIPAL OFFICE: Principal street address | Mailing address, if different is: ANY AND ALL LEGAL PURPOSES | RTICLE I NAME the name of the corpora | ion shall be: MORENO ALL CONSTRU | CTION INC |
|--|---|--|---|--------------------|
| ANY AND ALL LEGAL PURPOSE e purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES Name and Title: Address Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Address: Name and Title: | O RS AND/OR DIRECTORS MORENO FLORES, PRES LLMORE STREET LORIDA 33176 Name and Title: Address: Name and Title: Address: Address: | TTICLE II PRINC | <u>TPAL OFFICE</u> Principal <u>street</u> address | |
| TICLE IV SHARES I number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address MIAMI, FLORIDA 33176 Name and Title: Address Name and Title: | O RS AND/OR DIRECTORS MORENO FLORES, PRES LLMORE STREET LORIDA 33176 Name and Title: Address: Name and Title: Address: Address: Name and Title: Address: | IAMI, FLORIDA 33 | 176 | - |
| Name and Title: | MORENO FLORES, PRES MORENO FLORES, PRES LLMORE STREET Address: LORIDA 33176 Name and Title: Address: Name and Title: Address: | RTICLE III PURPO to purpose for which t | 2SE he corporation is organized is: ANY AND | ALL LEGAL PURPOSES |
| TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: DAMIAN MORENO FLORES, PRES Name and Title: Address Address: MIAMI, FLORIDA 33176 Name and Title: Name | MORENO FLORES, PRES MORENO FLORES, PRES LLMORE STREET Address: LORIDA 33176 Name and Title: Address: Name and Title: Address: | | | |
| Name and Title: Name and Title | MORENO FLORES, PRES MORENO FLORES, PRES LLMORE STREET Address: LORIDA 33176 Name and Title: Address: Name and Title: Address: | | | |
| Address MIAMI, FLORIDA 33176 Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title: | LLMORE STREET Address: Name and Title: Address: Name and Title: Address: | t number of shares of | stock is: | |
| Address: MIAMI, FLORIDA 33176 Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title: | Name and Title: Name and Title: Address: Address: | Name and Title | | Name and Title: |
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| | | Address | | Address: |

| Name a | nd Title: | trange and true, | |
|--|--|--|--|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The <u>name and I</u> | Torida street address (P.O. Box NOT accepts DAMIAN MORENO FLORES | ible) of the registered agent is: | |
| Name: | DAMIAN MORENO FEORES | | |
| Address: | 14701 FILLMORE STREET | | |
| | MIAMI, FLORIDA 33176 | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| | ddress of the Incorporator is: | | |
| Name: | DAMIAN MORENO FLORES | | |
| Address: | 14701 FILLMORE STREET | | |
| | MIAMI, FLORIDA 33176 | | |
| (PTICLE VIII | REFERENCE DATE. | | |
| Effective date, il | Cother than the date of filing: 08/06/2024 | (OPTIONAL) | |
| (If an effective : filing.) | date is listed, the date must be specific and | cannot be more than five days prior or 90 days after the | |
| J | | | |
| <u>Note:</u> If the data the document's o | c inserted in this block does not meet the app effective date on the Department of State's re | licable statutory filing requirements, this date will not be listed as | |
| | • | | |
| | | | |
| ilaving been nar | ned as registered agent to accept service of professions with and accept the appointment as t | ocess for the above stated corporation at the place designated in the | |
| laving been nar | ned us registered agent to accept service of profamiliar with and accept the appointment as t | ocess for the above stated corporation at the place designated in thi egistered agent and agree to act in this capacity | |
| laving been nar | familiar with and accept the appointment as t | egistered agent and agree w act in this capacity 08/02/2024 | |
| ilaving been nai certificate, I am | familiar with and accept the appointment as to Required Signature Registered Age | egistered agent and agree wact in this capacity 08/02/2024 Date | |
| laving been nau certificate, I am | familiar with and accept the appointment as to Required Signature Registered Age | egistered agent and agree to act in this capacity 08/02/2024 Date in are true. I am aware that the fulse information submitted in the submi | |
| laving been nau certificate, I am | familiar with and accept the appointment as the second sec | egistered agent and agree wact in this capacity 08/02/2024 Date in are true. I am aware that the fulse information submitted in | |