

8/15/24, 10:58 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Service

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.

(((H24000273815 3)))



H240002738153ABC%

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 : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

305 Contractors Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 AUG 15 PM 12:37

FLORIDA
DIVISION OF
CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **305 CONTRACTORS CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address
9737 NW 41st St Unit 916

Mailing address, if different is:

Doral, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any And All Lawful Purpose.****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Jose A Alvarez Saavedra - President**Name and Title: **Gustavo E Fuenmayor - Vicepresident**Address **9737 NW 41st St Unit 916**Address: **9737 NW 41st St Unit 916****Doral, FL 33178****Doral, FL 33178**

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
2024 AUG 15 PM 2:16
DIVISION OF CORPORATE & FINANCIAL SERVICES

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: ALEX PINA CO.

Address: 8400 NW 36TH ST STE 450

DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A Alvarez Saavedra

Address: 9737 NW 41st St Unit 916

Doral, FL 33178

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

	<u>08/14/2024</u>
Required Signature/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.

	<u>08/14/2024</u>
Required Signature/Incorporator	Date