Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION HIGHGRADE CONSTRUCTION INC

 Certificate of Status
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 Estimated Charge
 \$78.75

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Corporate Filing Menu

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

<u>CLE IL PRINCIPAL OFFICE</u>				
Principal street address		Mailing address	, if different is	5:
SV/ 147th Ave # 323 Miaml, FL 33185	2423 SW 147th Ave #323 Miami, FL 33135			
CLE III PURPOSE		<u>. </u>		
urpose for which the corporation is organized is:	ion Business	·····		
			-	
		·		
CLE IV SHARES				
CLE IV SHARES umber of shares of stock is: SHARES 100 @ \$1.00				
CLE IV SHARES Imber of shares of stock is: SHARES 100 @ \$1.00 CLE V INITIAL OFFICERS AND/OR DIRECTORS				
The V INITIAL OFFICERS AND/OR DIRECTORS	Name and Title	:		
THE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ray Alexander Palma - President				
THE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ray Alexander Palma - President				
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Name and Title: Name and Title: Name and Title: Address Name and Title: Address	SE Address: Name and Title Address:	»:	FALLAHASSE	2024 SE
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Name and Title:		Name and Title:		
Address		Address:		
	R <u>EGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Ray Alexander Palma			
Address:	2423 SW 147th #323	-		
	Miami, FL 33185	_		
ARTICLE VII	NCORPORATOR			
The name and add	dress of the incorporator is:			
Name:	Ray Alexander Palma			
Address:	2423 SW 147th #323	-		
	Miami, FL 33185	-		
Effective date, if o	EFFECTIVE DATE: other than the date of filing: 09/06/24 te is listed, the date must be specific and canno	. (OPTIONAL) t be more than five days prior or 90 days after the		
	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as		
certificate, I am fu	miliar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity		
X Ray A	. Palma	09/08/24 ~		
V	Required Signature/Registered Agent	Date S		
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a		
	•	09/66/24 F		
Required Signature	c/Incorporator	Datc 71		
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