

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**R2400060489**

Note: Please print this page and use it as a cover sheet. Type the filing number (shown above) on the top and bottom of all pages of the document.

((H24000325461 3)))

FL  
9-25-24



H240003254613ABC.

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
X ROJAS CONSTRUCTION INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 SEP 24 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2024 SEP 24 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

X ROJA CONSTRUCTION INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2601 NW 115 ST APT. B412  
33167 MIAMI, FLA

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

XAVIER FERNANDO ROJA (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 SEP 24 AM 11:36  
FILED  
STATE  
FL

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

XAVIER FERNANDO ROJA  
2601 NW 115 ST apt B412  
MIAMI FL 33167

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

XAVIER FERNANDO ROJA  
2601 NW 115 ST apt B412  
MIAMI FL 33167

**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

*X Xavier T. Boyd*

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.

*X Xavier T. Boyd*

Incorporator

Date

STATE OF FLORIDA  
DEPARTMENT OF STATE

2021 SEP 24 AM 11:36

FILED