

P240000063528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

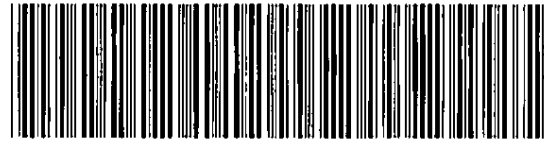
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

10/14/24--01010

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Florida Pooling Solutions 1, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jaime Rojas
Name (Printed or typed)

4821 NE Tenth Ave Oakland Park
Address

Oakland Park, FL 33334
City, State & Zip

9548652073 -
Daytime Telephone number

info@tdbuildings6.com
Email address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Florida Roofing Solutions 1, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4821 NE. Tenth Ave. Oakland Park
Oakland Park FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Roofing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(President) Erick Eduardo Alarcon
Name and Title: 111 Royal Park Dr Apt 26
Address: Oakland Park FL 33309
50% [Signature]

(Vice President) Jame Alberto Rojas
Name and Title: 2033 Golf Pkwy Circle
Address: Boynton Beach FL 33321
50% [Signature]

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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:

JOIME ROTAS

Address:

2033 Golf Pointed Circle
Tamarac, FL 33321

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

JOIME ROTAS

Address:

2033 Golf Pointed Circle
Tamarac, FL 33321

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STATE
FL

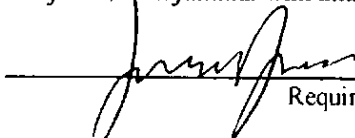
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 14, 2024 (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

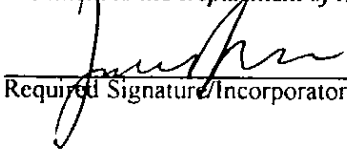


Required Signature/Registered Agent

09-09-24

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.



Required Signature/Incorporator

09-09-24

Date