

P24 0000 6039 69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

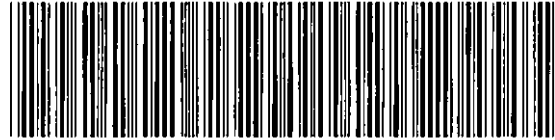
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/10/24--01021--001 \*\*87.50

COVER LETTER

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

SUBJECT: TG & B CONSTRUCTION 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: MIGUEL TAN GUTIERREZ  
Name (Printed or typed)

1300 W 29<sup>TH</sup> ST Apt # 6  
Address

HIALEAH FL 33012  
City, State & Zip

786 585 5141  
Daytime Telephone number

BASULTO.DAYANA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

5/20/03

**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: T G & B CONSTRUCTION CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1300 W 29<sup>TH</sup> ST Apt 6  
HIACLEAH FL 33012

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

REMODELING, FLOOR SLABS, AND GENERAL REPAIRS.

**ARTICLE IV SHARES**

The number of shares of stock is: 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MIGUEL TAN GUTIERREZ Name and Title: \_\_\_\_\_  
(PRESIDENT)

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
1300 W. 29<sup>TH</sup> ST Apt 6  
HIACLEAH FL 33012

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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: MARIA C COMPANIONI (NOTARY PUBLIC)  
Address: 10410 SW 48<sup>th</sup> ST  
MIAMI FL 33165-5648

**ARTICLE VII INCORPORATOR**

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

Name: MARIA C COMPANIONI (NOTARY PUBLIC)  
Address: 10410 SW 48<sup>th</sup> ST  
MIAMI FL 33165-5648

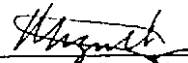
**ARTICLE VIII EFFECTIVE DATE:**

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*

 \_\_\_\_\_ Date 10/01/2024  
Required Signature/Registered Agent

*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.*

 \_\_\_\_\_ Date 10/01/2024  
Required Signature/Incorporator