

Oct. 15, 2024 2:28 PM

**P24000064095**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: info@lamadridfinancial.com

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2024 OCT 15 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE FL

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INDUSTRIALIZED RESIDENTIAL CONSTRUCTORS CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** INDUSTRIALIZED RESIDENTIAL CONSTRUCTORS 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:** OMAR GARCIA

Name (Printed or typed)

10154 W FLAGLER

Address

MIAMI, FL 33174

City, State & Zip

305-305-2040

Daytime Telephone number

OMARGARCIA1365@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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**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: INDUSTRIALIZED RESIDENTIAL CONSTRUCTORS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
10154 W FLAGLER STREET  
MIAMI, FL 33174Mailing address, if different is:  
SAME AS PRINCIPAL**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL AND ANY LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OMAR GARCIA -PRESIDENT

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

Address 7710 SW 17 STREET  
MIAMI, FL 33155

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: Lamadrid Financial Services Corp  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

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

Name: OMAR GARCIA  
Address: 7710 SW 17 STREET  
MIAMI, FL 33155

**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*

\_\_\_\_\_  
Required Signature/Registered Agent 10/14/2024  
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 10/14/2024  
Date

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