

P24000068680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

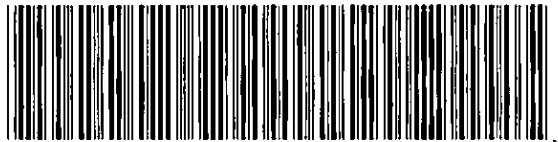
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 OCT -7 AM 9:47
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H24000146192
10/25/24 15:15

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 10/24

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TALLAHASSEE, FL

1. R AND V SERVICES INC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: Phoenix 4ever Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13333 Gershwin Ln, Port Charlotte, FL 33981

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction services

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Viviany Araujo, President

Name and Title: Viviany Araujo, Director

Address 13333 Gershwin Ln, Port Charlotte,
FL 33981

Address: 13333 Gershwin Ln, Port Charlotte,
FL 33981

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: Registered Agents Inc.
Address: 7901 4th St N Ste 300
St. Petersburg, FL 33702

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STATE

ARTICLE VII INCORPORATOR

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

Name: Amanda J. Beren
Address: 31416 Agoura Rd Ste. 118
Westlake Village, CA 91361

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

David Roberts

11/7/2024

Required Signature/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.

AJB

11/7/2024

Required Signature/Incorporator

Date