

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P25000003502** *FL 1-21-25*

Note: Please print this page and use as a cover sheet. Tape the tax audit report (if any) to the top of the first page of the document.

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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
FLORIDA FIRST HOME IMPROVEMENTS INC.**

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

RECEIVED

2025 JAN 17 PM 4:37

FALLS CHURCH, VA

2025 JAN 17 PM 12:41

7:11 PM

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Florida First Home Improvements
Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8901 SW 157th Ave
Ste 16 PMB 1018
Miami, FL 33196**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Anthony Gonzalez President
Christian Enrique Someillan Vice President

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11:50

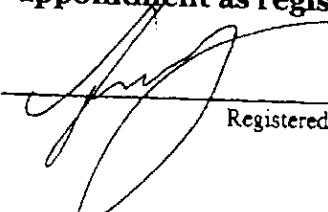
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Anthony Gonzalez
8901 SW 157th Ave
Ste 16 PMB 1018 Miami, FL 33196**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Anthony Gonzalez
Christian Enrique Someillan
8901 S.W. 157th Ave Ste 16 PMB 1018
Miami, FL 33196

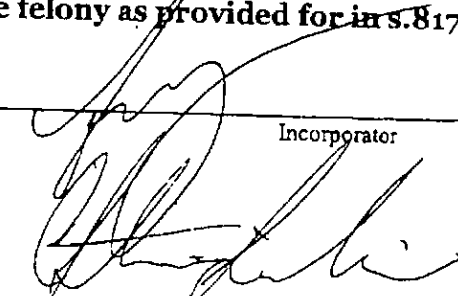
Required Signatures:

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



Registered Agent 1/17/2025
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.



Incorporator 1/17/2025
Date

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STATE
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