

P21000088293

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2021 OCT 11 PM 1:26
TALLAHASSEE, FLORIDA

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2021 OCT 11 PM 4:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EAST PARTNERS, INC.
(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: Williams Vasquez
Name (Printed or typed)

7751 Kingspointe Pkwy, Suite 125
Address

Orlando, FL 32819
City, State & Zip

(407) 383-7812
Daytime Telephone number

aaBee@nyfl@hotmail.com
E-mail address: (to be used for future annual report notification)

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: ROOF PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4150 HANCOCK BRIDGE PKWY.
NORTH FT. MYERS 33903
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF LEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walaa Tawfiq Ahmad PD Name and Title: _____
Address: 12322 Streambed Dr Address: _____
AVENUE, FL 33579

Name and Title: JAMES S. AHMAD, VPD Name and Title: _____
Address: 202 BOONGETOWN LOOP Address: _____
WAVEHOLE, FL 33873

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: Walid Tawky Ahmad

Address: 12322 Stunnsbed Dr

Northview pl. 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Walid Tawky Ahmad

Address: 12322 Stunnsbed Dr.

Northview pl. 33579

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

Walid Ahmad
Required Signature/Registered Agent

10/11/24
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.

Walid Ahmad
Required Signature/Incorporator

10/11/24
Date