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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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
PINTO'S PAINTING INC

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Pinto's Painting Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

170 NW 56 ave

Miami FL 33126

170 NW 56 ave

Miami FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact any and all

lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Pte - VP

Address

Jose M. Pinto

170 NW 56 ave

Miami FL 33126

Name and Title:

Secretary

Address:

Dagmi Ramirez

170 NW 56 ave

Miami FL 33126

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: Jose M Pinto
 Address: 170 NW 56 Ave
Miami FL 33126

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose M Pinto
 Address: 170 NW 56 Ave
Miami FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6-1-15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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
6-1-15
 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
6-1-15
 Date