

P2002 request 2/27/20 7810

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 : CONSTRUCTION & ENGINEERING SCHOOL INC.
Account Number : I20170000070
Phone : (305) 226-8727
Fax Number : (305) 226-8767

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
LECCA PAINTING GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 FEB 27 AM 10:44

RECORDED

COVER LETTER

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

SUBJECT: Lecca Painting Group 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

2020 FEB 27 PM 3:48
FILED

FROM: Lucia Estrella
Name (Printed or typed)
8300 W. Flagler St # 114
Address
Miami FL 33144
City, State & Zip
305-226 8727
Daytime Telephone number
luciestrella@bellsouth.net
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: Lecca Painting Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5458 NW 94th Terr.
Sunrise, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawfull Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUISE CUENCA (Pres)
Address: 5458 NW 94th Terr.
Sunrise, FL 33351

Name and Title: Sebastian H. Cuenca (VP)
Address: 5458 NW 94th Terr.
SUNRISE, FL 33351

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: LUIS E CUENCA
 Address: 5458 NW 94th Terr.
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS E. CUENCA
 Address: 5458 NW 94th Terr.
SUNRISE, FL 33351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02-20-2020 (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

[Signature]
 Required Signature/Registered Agent

2/20/2020
 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.817.135, F.S.

[Signature]
 Required Signature/Incorporator

2/20/2020
 Date