

P20000055545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

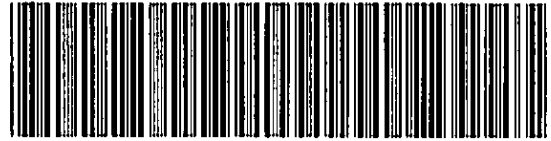
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/21/20--01024--013 **70.00

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2020 MAY 21 PM 12:26
OFFICE OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: VDR Painting, 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: VDR Painting, Inc.
Name (Printed or typed)

6300 South Pine Blvd Unit 456
Address

Fort Myers, FL 33919
City, State & Zip

646-306-9785
Daytime Telephone number

Varadaneettv@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DEPARTMENT OF STATE
TALLAHASSEE, FL
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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: VDR Painting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6300 South Pointe Blvd unit 456
Fort Myers FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the general nature of the
business to be transacted by this corporation
is any and all business permitted under the laws
of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victor M. Diaz President Name and Title: _____

Address: 6300 South Pointe Address: _____
Bld Unit 456
Fort Myers, FL 33919

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL
STATE OF FLORIDA

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: Victor M. Diaz

Address: 6300 South Pointe Blvd unit 456
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

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

Name: Francisco Valle

Address: 1602 NW 7th PL
Cape Coral, FL 33993

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

Francisco Valle

Required Signature/Registered Agent

06/11/2020
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.817.155, F.S.

Victor Diaz
Required Signature/Incorporator

06/11/2020
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

FBI