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(R	(equestor's Name)	
(A	(ddress)	
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•	,	
(C	ity/State/Zip/Phone #)	•
PICK-UP	☐ WAIT	MAIL
(B	Susiness Entity Name)	
(5	Ocument Number)	
(5	ocament reamber)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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COVER LETTER

	tion Section of Corpora				
SUBJECT: U	nited Paintin	g, Inc.			
3003Ec1		Name of	corporation -	must include suffix	
Dear Sir or Mada	am;				
	xistence." o	r "Certificate of	FGood Standi	ing" and check are sub-	et Business in Florida," mitted to register the
Please return all	correspond	ence concerning	this matter to	o the following:	
Vitor Biondi					
			Name of Po	erson	
United Painting, I	nc.				
	-	• •	Firm/Comp	any	
P.O. Box 401766					
, , , , , , , , , , , , , , , , , , , ,			Addres	s	
Melbourne, FL 32	941				
		(City/State and	l Zip code	
support@united-p					
	Ī	-mail address: (to be used fo	r future annual report n	otification)
For further infor	mation con	cerning this mat	ter, please cal	II:	
Vitor Biondi		at	469	2681128	
Name o	f Person	· · · · · · · · · · · · · · · · · · ·	Area Code	Daytime Teleph	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a che Please make check	payable to:		ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

United Painting,	, Inc.		
	orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATI	ion,"
United Painting	& Construction, inc.		
(If name unavails	able in Florida, enter alternate corporate name	•	-
Texas	3	3. 84-4229271 (FEI number, if applicable)	
(State or countr	y under the law of which it is incorporated)	d) (FEI number, if applicable)	
01/08/2020			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
N/A			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty lial	bility)
151 Udina Way,	Melbourne, FL 32940		
	(Principal off	ice street address)	
P.O. Box 410766	, Melbourne, FL 32941		
	(Current mailir	ng address, if different)	
Name and <u>stree</u> Name: fice Address:	et address of Florida registered agent: (P.C. Vitor Biondi. 9151 Udina Way Melbourne		2024 JAN 18
	(City)	, Florida 32940 (Zip code)	
	(City)	(Zip code)	
ving been nam ignated in this ther agree to c	ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes to with and accept the obligations of my pa	nent as registered agent and a relative to the proper and comp	ited corporation at the gree to act in this capa
	(Registered agent's s	ignature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Vitor Biondi		N	
□Chairman	Name:9151 Udina Way			
□Vice Chairman	Address:	Uvice Chairman	Address:	<u> </u>
□Director	Melbourne, FL 32940	Director		
President		President		
□Vice President	·	□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□Chairman	Name:	-11
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
Other	Other	Other		Other
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	Vice Chairman	Address:	·
□Director	·	Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		□Other
	Use an attachment to report more than six (6). added to the index when filing your Florida I			purposes only. Non-indexed
	Signature of E	prector or Officer		

she is aware that raise
s.817.155. F.S.

13. POF SI DEWT VITOR GIOND
(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for UNITED PAINTING INC. (file number 803512169), a Domestic For-Profit Corporation, was filed in this office on January 08, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 12, 2024.



Jane Helson

Jane Nelson Secretary of State