

OFFICE USE ONLY (Continue)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300003156653--9

-03/03/00--01072--017

\*\*\*\*122.50 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. 2000 PAINTING & CLEANING, CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
00 MAR -3 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

43.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

We need  
A Refund form  
for \$43.75

RECEIVED  
00 MAR -3 AM 11:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

## 2000 PAINTING & CLEANING, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Article of Incorporation.

FILED  
00 MAR -3 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: 2000 PAINTING & CLEANING, CORP.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13246 SW 86 ST  
Ste. 4  
Miami, Fl 33183

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is :  
100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA O. CASTELLANO  
13246 SW 86 ST STE. 4  
MIAMI, FL 33183


**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

**MARIA O. CASTELLANO**

**13246 SW 86 ST Ste. 4  
Miami, FL 33183**

**The undersigned incorporator(s) has (have) executed these Articles of Incorporation  
this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.**

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee- \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICER**

PERSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501 FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT  
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA

1. The name of the corporation is: MARIA O. CASTELLANO.

2. The name and address of the registered agent and office is:

**MARIA O. CASTELLANO**  
(name)

**13246 SW 86 ST. STE 3**  
(P.O.Box not acceptable)

**Miami, FL 33183**  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Maria Castellanos*  
Signature

\_\_\_\_\_  
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
00 MAR -3 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA