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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ma)
(Du	Siless Littly Nat	ille)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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04 MAR 15 PM 3: 05



TRANSMITTAL LETTER

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

SUBJECT: _	BATHTUB REFINISHING S (Proposed co	SERVICE INC. rporate name - must include suf	ffix)	<u> </u>
Enclosed is an or \$70.0 Filing Fe		□\$122.50 Filing Fee	☐ \$131.25 Filing Fee,	,
	& Certificate	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate PPY REQUIRED	
FRC		DER e (Printed or typed)	·	
	19499 N.E.	10 AVE APT #402 Address		~
	NORTH MIAN	ity, State & Zip		"
	(305) 652 Daytin	2-5903 ne Telephone number		

ARTICLES OF INCORPORATION

04 MAR 15 PM 3: 05

Article 1: Name of Corporation:	BATHTUB REFINISHING SERVICE INC. SEL. FLORIDA
Address of Corporation:	19499 N.E. 10 AVE APT #402 NORTH MIAMI, FL 33179
Authorized to be outstand	number of shares which the corporation has ling at any one time is 1000, with (Par value is not required.)
Article 3: REGISTERED AGENT:	EVERARDO SCHRADER
And REGISTERED OFFICE:	19499 N.E. 10 AVE APT #402 NORTH MIAMI, FL 33179
I am familiar with and her Registered Agent for said	reby accept the duties and responsibilities as corporation United Signature of Registered Agent Date
First listed is President. S 1. EVERARDO SCHR. 2. JOSE ALVIZURI	
3	
Article 5: The Name and Address of EVERARDO SCHRAD 19499 N.F. 10 A NORTH MIAMI. FL. In witness whereof, I have subscribed	ER VE APT #402 33179 -9 1