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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: CARLOS P, 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: CARLOS PINTO
Name (Printed or typed)

14019 BEACH BLVD, LOT 881

Address

JACKSONVILLE, FL 32250

City, State & Zip

904 992 8366

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CARLOS P, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14019 BEACH BLVD, LOT 881, JACKSONVILLE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARLOS PINTO PRESIDENT 14019 BEACH BLVD LOT 881 JACKSONVILLE, FL 32250

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CARLOS PINTO 14019 BEACH BLVD Lot 881 JACKSONVILLE, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS PINTO 14019 BEACH BLVD JACKSONVILLE, FL 32250

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TALLAHASSEE, FLORIDA


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/Registered Agent

11-19-04

Date



Signature/Incorporator

11-19-04

Date