

PO5000049737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

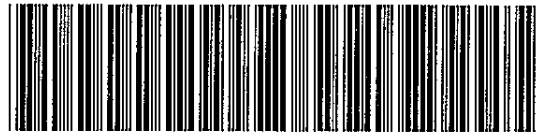
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 MAR 30 PM 3:47
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

gf 4/4/05

TRANSMITTAL LETTER

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

FILED
2005 MAR 30 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: MASTER'S TOUCH PAINTERS OF FLORIDA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KEILIN POVEDA
Name (Printed or typed)

2550 DUNWOODIE PLACE
Address

HOMESTEAD, FL. 33035
City, State & Zip

(786) 385-8441
Daytime Telephone number

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

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:

MASTER'S TOUCH PAINTERS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO ALL KINDS OF PAINTING JOBS, PREPARATION FOR PAINTING, AND MINOR REPAIR ON COMMERCIAL, RESIDENTIAL, INDUSTRIAL. WILL USE ANY KIND OF PAINTING PRODCUTS, METHODOLOGY AND EQUIPMENT NEEDED. WILL DEVELOP ANY ACTIVITY AUTHORIZED BY THE LAW.

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND COMMON STOCKS AT A PAR VALUE OF \$1.00 EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KEILIN POVEDA, PRESIDENT 2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035
JIMMY POVEDA, VICE-PRESIDENT 2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035
JACOB POVEDA- DIRECTOR 2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

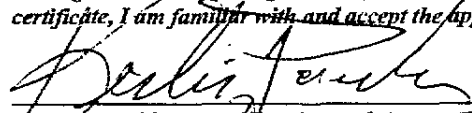
KEILIN POVEDA, 2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEILIN POVEDA, 2550 DUNWOODIE PLACE HOMESTEAD, FL. 33035

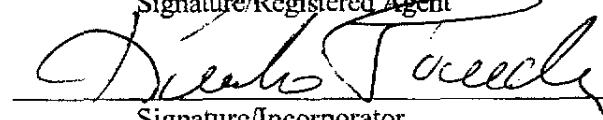
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/16/2005

Date



Signature/Incorporator

03/16/2005

Date

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TALLAHASSEE FLORIDA