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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-21-06  
SEC

## COVER LETTER

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

SUBJECT: Florida's Painting Solution 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 ALFONSO RODRIGUEZ  
Name (Printed or typed)

6018 S.W. 39 St  
Address

MIRAMAR FL 33023  
City, State & Zip

954-981-1353  
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:

Florida's Painting Solution, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6018 S.W. 39 St Miramar, Fl. 33023

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Painting Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Carlos Alfonso Rodriguez - President  
6018 S.W. 39 St  
Miramar, Fl. 33023

**ARTICLE VI REGISTERED AGENT**

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

Carlos Alfonso Rodriguez  
6018 S.W. 39 St Miramar, Fl. 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carlos Alfonso Rodriguez  
6018 S.W. 39 St Miramar, Fl. 33023

\*\*\*\*\*

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

Carlos Rodriguez  
Signature/Registered Agent

9-19-06  
Date

Carlos Rodriguez  
Signature/Incorporator

9-19-06  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA