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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: COLLA	GE PAINTING AND WATERPRO	OFING, INC.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u> I	.UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: _RO	OGER OSPINA		
	Name	(Printed or typed)	
	4901 NORTH TAMPANIA, AVEI	NUE Address	
	TAMPA, FLORIDA, 33614 City	, State & Zip	
	813 870 6889 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

08 APR -2 PM 2:48

COLLAGE PAINTING AND WATERPROOFING, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is: 4901 N. TAMPANIA AVENUE

TAMPA, FLORIDA, 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE PAINTING AND WATERPROOFING SERVICES FOR RESIDENTIAL AND COMMERCIAL CUSTOMERS

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IRVIN NOE AYALA, 1507 WEST HAMILTON AVENUE, TAMPA, FLORIDA, 33604, PRESIDENT ROGER OSPINA, 4901 NORTH TAMPANIA AVENUE, TAMPA, FLORIDA, 33614, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: ELEUTERIO DELACRUZ, 7315 WOODHALL COURT, TAMPA, FLORIDA, 33634

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: ROGER OSPINA, 3901 NORTH TAMPANIA, TAMPA, FLORIDA, 33634

***********	*********
Having been named as registered agent to accept service of process for the certificate, I am familiar with and accept the appointment as registered agent	above stated corporation at the place designated in this and agree to act in this capacity
Genefit fifty	03/27/2008
Signature/Registered Agent	Date
VILLENDE SE	03/27/2008
Signature Incorporator	Date