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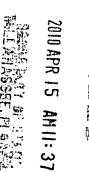
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J. Shivers APR 16 2010

COVER LETTER

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

SUBJECT:	CT: "Papule's Restoration", Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
ochdect				
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	i a check for:	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status	
FROM: S	CRISTOBAL SANDOVAL Name	e (Printed or typed)		2017
1	7801 SW 174TH STREET	Address		A
ß.	11AMI, FL. 33187	1001003	[1] 25.	2010 APP IS
<u></u>		State & Zip	AM II: 3	
7	86-216-2090		37	
	Daytime T	elephone number		
pa	apule701@hotmail.com			
	E-mail address: (to be use	d for future annual report	notification)	

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:		
"Papule's Restoration," Inc.		
r apule s restoration, inc.		Ŧ
ADMINITE IT DRINGERAL ORDINA		
The principal street address and mailing address, if different is:		
the principal street address and maining address, it different is.		
17801 SW 174TH STREET		
MIAMI, FL 33187		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is: Restoration of cars and boats		
Restoration of cars and boats		
	i tiri	
ARTICLE IV SHARES		
The number of shares of stock is:	2010 APR	5 m. g. s
100	70	STATE OF THE PARTY
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	जीं ज	i Lenzane
List name(s), address(es) and specific title(s):		
CRISTOBAL SANDOVAL	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E
17801 SW 174 ST MIAMI, FL. 33187		
PRESIDENT		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the re	gistered agent is:	
MENNAPORO		
MEILYN POZO		
17801 SW 174TH ST MIAMI, FL 33187		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
CRISTOBAL SANDOVAL		
17801 SW 174TH ST		
MIAM!, FL 33187 ************************************	*********	****
Having been named as registered agent to accept service of process for a	the above stated corporation	at the
place designated in this certificate, I am familiar with and accept the ap	pointment as registered age	ent and
agree to act in this capacity		
1 U WA		
	4/5/2010	
Signature/Registered Agent	Date	
	4/5/2010	
Signature/Incorporator	Date	