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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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10 OCT 25 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
r & a custom painting, inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: **R & A CUSTOM PAINTING, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4146 NW 90 AVENUE
SUITE 106
RAMBLEWOOD CORAL SPRINGS FL 33065

SECRETARY OF STATE
MAILING ADDRESS
DADE COUNTY FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PAINTING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	FABIO ALEJANDRO SERNA -PRESIDENT	Name and Title:	_____
Address:	4146 NW 90TH AVE APT 106	Address:	_____
	RAMBLEWOOD E		_____
	CORAL SPRINGS FL 33065		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

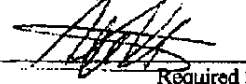
Name: **FABIO ALEJANDRO SERNA -PRESIDENT**
Address: **4146 NW 90TH AVE APT 106**
CORAL SPRINGS FL 33065

ARTICLE VII INCORPORATOR

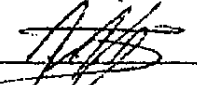
The name and address of the Incorporator is:

Name: **FABIO ALEJANDRO SERNA -PRESIDENT**
Address: **4146 NW 90TH AVE APT 106**
CORAL SPRINGS FL 33065

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

	10-22-10
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

	10-22-10
Required Signature/Incorporator	Date

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