

P10000099218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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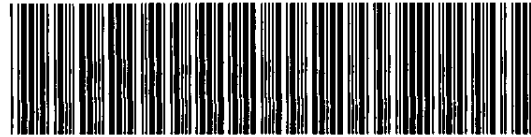
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 DEC -7 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
12/8

COVER LETTER

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

SUBJECT: EDOUARD C. PAINTING, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EDOUARD CLERVIL

Name (Printed or typed)

820 NE 142ND STREET

Address

MIAMI FLORIDA 33161

City, State & Zip

786 487-7722

Daytime Telephone number

clervil11@aol.com

E-mail address: (to be used 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

EDOUARD C. PAINTING, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
820 NE 142ND STREET
MIAMI FL 33161

Mailing address, if different is:
820 NE 142ND STREET
MIAMI, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS ORGANIZED TO SERVE THE COMMUNITIES IN NEED OF OUR PROFESSIONAL SERVICES. WE WILL WORK HARD TO CREATE JOB FOR AT LEAST ONE OR TWO PEOPLE WHO ARE UNEMPLOYED.

ARTICLE IV SHARES

The number of shares of stock is: 125

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDOUARD CLERVIL, PRESIDENT
Address: 820 NE 142ND STREET
MIAMI, FL 33161

Name and Title: _____
Address: _____

Name and Title: MARIE F. LUXAMA, SECRETARY
Address: 820 NE 142ND STREET
MIAMI, FL 33161

Name and Title: _____
Address: _____

Name and Title: GINA LUXAMA, TREASURER
Address: 820 NE 142ND STREET
MIAMI, FL 33161

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARIE F. LUXAMA
Address: 820 NE 142ND STREET
MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDOUARD CLERVIL
Address: 820 NE 142ND STREET
MIAMI, FL 33161

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

Marie F. Luxama

Required Signature/Registered Agent

12-02-2010

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.

[Signature]

Required Signature/Incorporator

12-02-2010

Date