

P110000003032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

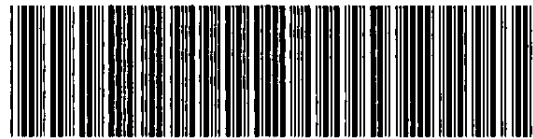
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000189443220

01/06/11--01016--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 JAN -6 PM 1:16

for 1/11/11

COVER LETTER

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

SUBJECT: COLOMBIAN PAINTN G 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: **ERIK TOVAR LENIS**

Name (Printed or typed)

8602 QUARTZ AVE W 235

Address

TAMPA FL 33615-1436

City, State & Zip

813-532-9049

Daytime Telephone number

erik-tov-len@hotmail.com

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JAN -6 PM 1:16

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

COLOMBIAN PAINTING INC

The name of the corporation shall be:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 JAN -6 PM 1:16

ARTICLE II PRINCIPAL OFFICE

Principal street address

8602 QUARTZ AVE W 235

TAMPA FL 33615

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPEN A LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIK TOVAR LENIS PRESIDENT

Address: 8602 QUARTZ AVE W 235

TAMPA FL 33615

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: ERIK TOVAR LENIS

Address: 8602 QUARTZ AVE W 235

TAMPA FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIK TOVAR LENIS

Address: 8602 QUARTZ AVE W 235

TAMPA FL 33615

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



Required Signature/Registered Agent

01/03/2011

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.



Required Signature/Incorporator

01/03/2011

Date