# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES. LLC

Account Number : I20070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

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Email	Address:		

# FLORIDA PROFIT/NON PROFIT CORPORATION INTERIOR WOOD FINISHING INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help



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# 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:

INTERIOR WOOD FINISHING INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1660 PEREGRINE FALCONS WAY #208 ORLANDO, FLORIDA 32837

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

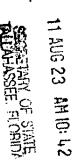
1,500 COMMON SHARES PAR VALUE \$0.01

# ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers Is/are:

DIRECTOR, PRESIDENT
ZORAIDA LUCIA MUNOZ
1660 PEREGRINE FALCONS WAY #208
ORLANDO, FLORIDA 32837

DIRECTOR, VICE PRESIDENT
WILSON HINCAPIE
1660 PEREGRINE FALCONS WAY #208
ORLANDO, FLORIDA 32837



H110002097923

PAGE 2 INTERIOR WOOD FINISHING INC.

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WILSON HINCAPIE 1660 PEREGRINE FALCONS WAY #208 ORLANDO, FLORIDA 32837

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

WILSON HINCAPIE

1660 PEREGRINE FALCONS WAY #208

ORLANDO, FLORIDA 32837

11 AUG 23 AM 10: 42

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.

WILSON HINCAPIE / Registered Agent

Date

WILSON HINCAPIE /Incorporator

Date

08-23-11