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P11000	092267
(Requestor's Name) (Address) (Address)	000213486020
(City/State/Zip/Phone #)	10/20/1101017014 **78.75
Certified Copies Certificates of Status	FILED MI OCI 20 PM 4:50 MILANASSEE, FLORIDA
Office Use Only	
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## **COVER LETTER**

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

## <sub>SUBJECT:</sub> Valpar, 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

\$87.50
<b>\$87</b> .50 Filing Fee,
Certified Copy
& Certificate of
Status
COPY REQUIRED

FROM: Zdenek Stepanek

Name (Printed or typed)

4680 NE 5th Ter.

Address

Fort Lauderdale, FL 33334 City, State & Zip

954-294-4624

Daytime Telephone number

Cekmotor@hotmail.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if differen	t is:
4	680 NE 5th Ter.	Same	<b>_</b>
	ort Lauderdale, EL		
	3334		·
ARTICLE III	PURPOSE		· ····
	nich the corporation is organized is:		
General Cons	struction		
-			
			O Yan
ARTICLE IV	SHARES		
The number of shar	es of stock is: 10	÷	张列 书
	INITIAL OFFICERS AND/OR DIRECTOR	2	<u>a</u> 20
	Ile:Zdenek Stepanek - PRESIDENT		-
Address:	4680 NE 5th Ter.	Address:	
11421000	Fort Lauderdale, Fl		
	33334		
N 17		Name and Titla	
Address:	lle:	Address:	
Aquicss.			
	ile:	_ Name and Little:	
Address:			
			· <u>· · · · · · · · · · · · · · · · · · </u>
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) o		
Name: Address:	Zdenek Stepanek	-	
Aduress:	Fort Lauderdale, FL 33334	-	
		=	
	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Zdenek Stepanek	-	
Address:	4680 NE 5th Ter. Fort Lauderdale, FL 33334	-	
		<u></u>	
	d as registered agent to accept service of proces		
this certificate, I an	a familiar with and accept the appointment as reg	istered agent and agree to act in this capacity	
		October 1	
	Required Signature/Registered Agent	D	ate
I submit this doen	ment and affirm that the facts stated herein are	true. I am aware that the false information	n submitted in a
document to the De	partment of State constitutes a third degree felon	v as provided for in s.817.155. F.S.	
			11. 2011

Required Signature/Incorporator

Date

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