P11000107034

(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:			
ALTERCACIONAL REPORTOR DE LA CONTRACTION DEL CONTRACTION DE LA CON			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

2557 2502

COVER LETTER

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

SUBJECT: Metro Painting and Str	ipping inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: James Rosado		
Name	(Printed or typed)	
4240 n w 172 dr	Address	
Miami Gardens Florida City,	33055 State & Zip	
305-624-0080 Daytime T	elephone number	
metro_towing@bellsouth	I.net	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)

ARTICLS I The name of the	NAME METRO PAINTING A corporation shall be:	ND STRIPING INC	SECRETARY OF STATE GIVISION OF CORPORATIONS
ARTICLE II	PRINCIPAL OFFICE		11 DEC 20 AM 8: 49
	Principal street address	Mailing ad	dress, if different is:
	4240 n w 172dr miami gardens fl 33055		
		 	
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
To serve so	outh Florida with a good quality service	in there painting need	JS.
ARTICLE IV	SHARES		
The number of s	hares of stock is 01		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
	Title: James Rosado president		
Address:	4240 n w 172dr miami gardens fl 3305	5 Address:	
			
Name and	Title:	Name and Title:	
Address:			
		<u> </u>	
			
Name and	Title:	Name and Title:	
Address:	Title.	Address:	
ADTIOL D TIL	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Janes Bosado	. da tobiscion about m.	
Address:	4242 11/122015		
	mani cardens, H	<u> 23077</u>	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Fres Bosed o		
Address:	4240 Nut 172 dr		
	mami Cordens,	Z1 33055	
TT 1	// 11		
riaving been no this certificate 1	med as registered agent to accept service of proces om familiar with and accept the appointment as reg	is jor the above statea corpor vistaned goest and comes to ac	ruuon at ine piace aesignated in t in this capacity
and certificate, 1	(<i>i</i> /)	in one capacity
	45101	AMES KOSADO	12/06/2011
	Required Signature/Registered Agent	110110	Date
	cument ahd affirm that the facts stated herein are		
document to the	Department of State constitutes a third degree felon	sy as provided for in s.817.15:	5, F.S.
			40/00/00 : :
			12/06/2011
	Required Signature/Incorporator		Date