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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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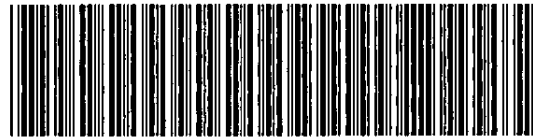
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAR 12 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
3/13/12

## COVER LETTER

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

**SUBJECT: COLORS CONSTRUCTION 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: COLORS CONSTRUCTION INC

Name (Printed or typed)

5002 ISLAND CLUB DR

Address

TAMARAC, FL 33319

City, State & Zip

954-254-5245

Daytime Telephone number

COLORSCONSTRUCTIONINC@YAHOO.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**

The name of the corporation shall be: **COLORS CONSTRUCTION INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5002 ISLAND CLUB DR**  
**TAMARAC, FL 33319**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**REMODELING CONSTRUCTION SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **JOSE A VASQUEZ**  
Address: **5002 ISLAND CLUB DR**  
**TAMARAC, FL 33319**

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: **JOSE A VASQUEZ**  
Address: **5002 ISLAND CLUB DR**  
**TAMARAC, FL 33319**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JOSE A VASQUEZ**  
Address: **5002 ISLAND CLUB DR**  
**TAMARAC, FL 33319**

*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*

Jose Alexis Vasquez  
Required Signature/Registered Agent

03/08/2012  
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.*

Jose Alexis Vasquez  
Required Signature/Incorporator

03/08/2012  
Date

**FILED**  
**12 MAR 12 PM 2:41**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**