

P/2000064432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

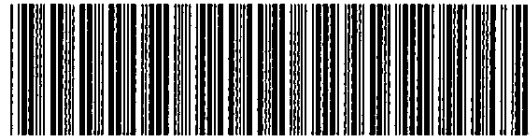
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/23/12--01049--003 **78.95

12 JUL 23 PM 3:29
TALLAHASSEE, FLORIDA

K 07/24/12

COVER LETTER

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

SUBJECT: **SAMY PAINTS TOOLS CORP**
(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: **SAMUEL MOYA**
Name (Printed or typed)

10440 NW 29 CT
Address

MIAMI, FL 33147
City, State & Zip

786-327-2391
Daytime Telephone number

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:

samy paints tools corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

10110 NW 27th AVE
MIAMI, FL 33147

Mailing address, if different is:

10110 NW 27th AVE
MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sell paints and rental tools

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SAMUEL MOYA**
Address: **Manager & Director**
10440 NW 29 CT
MIAMI, FL 33147

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: **Samuel Moya**
Address: **10440 NW 29 CT**
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Samuel Moya**
Address: **10440 NW 29 CT**
MIAMI, FL 33147

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TALLAHASSEE, FLORIDA

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

07/18/2012

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.

Required Signature/Incorporator

07/18/2012

Date