

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TONY THE PAINTER OF FLORIDA INC.

Certificate of Status	0
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Page Count	01
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12 SEP 28 AM 9:47
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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

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

12 SEP 28 AM 9:47

ARTICLE I NAME

The name of the corporation shall be:

TONY THE PAINTER OF FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

621 S. Federal Hwy. Ste. 5

Ft. Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting

ARTICLE IV SHARES

The number of shares of stock is: Two Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Maria Barreiro Rojas, Pres.

Address: 621 S. Federal Hwy. Ste. 5

Ft. Lauderdale, FL 33301

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: Albert Haft

Address: 621 S. Federal Hwy. Ste. 5

Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon Babala, Blumberg Excelsior Corporate Services, Inc.

Address: 236 Broadway

Manhasset, NY 12204

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

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.817.153, F.S.

Required Signature/Incorporator

Date