

P 13000011069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

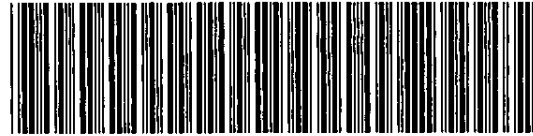
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/01/13--01007--015 **87.50

13 FEB - 1 PM 4:24

FILED
2013 FEB 01 PM 4:24
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR THE
STATE OF FLORIDA
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR THE
STATE OF FLORIDA

2/4/13

COVER LETTER

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

SUBJECT: EDOUARD D. PAINTING, 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: EDOUARD CLERVIL

Name (Printed or typed)

820 NE 142 STREET

Address

MIAMI, FLORIDA 33161

City, State & Zip

(786) 487-7722

Daytime Telephone number

clervil11@aol.com

E-mail address: (to be used for future annual report notification)

13 FEB - 1 PM 4:24

RECEIVED
DIVISION OF CORPORATIONS
FEB 13 2001

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:

EDOUARD D. PAINTING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

820 NE 142 STREET

MIAMI, FLORIDA 33161

Mailing address, if different is:

820 NE 142 STREET

MIAMI, FLORIDA 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES TO OUR COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

EDOUARD CLERVIL

Address

820 NE 142 ST

MIAMI, FLORIDA 33161

PRESIDENT

Name and Title:

MARIE LUXAMA

Address:

820 NE 142 ST

MIAMI, FL 33161

SECRETARY

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE
SECRETARY
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(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDOUARD CLERVIL

Address: 820 NE 142 ST

MIAMI, FL 33161

ARTICLE VII INCORPORATOR

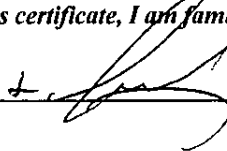
The name and address of the Incorporator is:

Name: EDOUARD CLERVIL

Address: 820 NE 142 ST

MIAMI, FL 33161

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

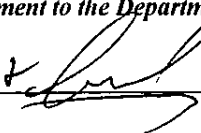


Required Signature/Registered Agent

01/30/2013

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

01/30/2013

Date

13 FEB - 1 PM 4: 24
STATE
OF FLORIDA
DEPARTMENT OF STATE