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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Kevin	Shon	OAVE
AUTHORIZATION	X SHOWE TO	Z_
DATE	11/13	
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Office Use Only



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COVER LETTER

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

Kevin's Painting & Pressure Cleaning, 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 **□** \$78.75 \$78.75 **\$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	Kevin Groh/Kevin's Painting & Pressure Cleaning, Inc.				
i kowi.	Name (Printed or typed)				
	27501 South Dixie Highway #402				
	Address				
	Homestead, FL 33032				
	City, State & Zip				
	305-487-3311				
	Daytime Telephone number				
	kevingroh227@gmail.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 INCO		
The name of the corp	AME oration shall be: Kevin's Painting &	Pressure Cleaning, Inc.	
ARTICLE II P	RINCIPAL OFFICE Principal street address	Mailing address, if different is:	
27501 S. Dix	e Highway, Suite 402	27501 S. Dixie Highway, Suite 402	
Homestead, I	FL 33032	Homestead, FL 33032	
		and Exterior Painting and Pressure vities will be interpreted as examples	
only and not	as limitations, and nothing the	rein shall be deemed as prohibiting the	
corporation fr	om extending its activities to a	any related or otherwise permissible	
awful busine	ss purposes which may becon	ne necessary, profitable or desirable	
he number of shares	HARES 100 shares @\$1.00 NITIAL OFFICERS AND/OR DIRECTOR Sitle: Kevin J. Groh, President	<u>. </u>	
Name and T	Side Novillo, Oron, i resident	3.2 (m) (
Address		Name and Title:	
	16200 SW 172nd Avenue Miami, FL 33187	Address:	
Name and T	16200 SW 172nd Avenue Miami, FL 33187		
Name and T	16200 SW 172nd Avenue Miami, FL 33187	Address:	
	16200 SW 172nd Avenue Miami, FL 33187	Address:	
Address	16200 SW 172nd Avenue Miami, FL 33187	Address: Name and Title:	
Address	16200 SW 172nd Avenue Miami, FL 33187	Address: Name and Title: Address: Name and Title:	
Address Name and Ta	16200 SW 172nd Avenue Miami, FL 33187 tle:	Address: Name and Title: Address: Name and Title:	

(conti.)

FILED

Name and	l Title:	Name and Title:	13 APR 10 PM 1: 15
Address		_ Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		- <u></u>	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	Cthe registered agent	in
Name:	Kevin J. Groh	the registered agent	15,
Address:	16200 SW 172nd Avenue	-	
11001000	Miami, FL 33187	-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Kevin J. Groh	_	
Address:	16200 SW 172nd Avenue		
	Miami, FL 33187	-	
I submit this doci	Required Signature/Incorporator	istered agent and ag	eree to act in this capacity 3 / 5 / / 3 Date at the false information submitted in a
			/