

JUN/19/2013 01:08 PM  
6/18/13

FAX NO.  
Division of Corporations

P.002

P/13000053261

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ARTISTIC CONTRACTORS GROUP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
13 JUN 19 PM 4:33  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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13 JUN 19 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN/19/2013/WED 01:38 PM

FAX No.

P.003

FILED

13 JUN 19 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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: ARTISTIC CONTRACTORS GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12830 SW 12 STREET

MIAMI, FL 33184

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: LOADIS RIERA (P/D)

Name and Title: \_\_\_\_\_

Address

12830 SW 12 STREET

Address: \_\_\_\_\_

MIAMI, FL 33184

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: LOADIS RIERA  
Address: 12830 SW 12 STREET  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LOADIS RIERA  
Address: 12830 12 STREET  
MIAMI, FL 33184

*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

06-18-2013

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

06-18-2013

Date