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DIVISION OF CORPORATIONS
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2/3/14

COVER LETTER

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

SUBJECT: PICA WINDOWS & DOORS, 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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PICA WINDOWS & DOORS, INC

Name (Printed or typed)

9535 SW 39 ST

Address

MIAMI, FL. 33165

City, State & Zip

786-369-6923

Daytime Telephone number

PICAWINDOWS@YAHOO.COM

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

NOTE: Please provide the original and one copy of the articles.

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

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **PICA WINDOWS & DOORS, INC**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9535 SW 39 ST

MIAMI, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Installation, Repair, Sales, Construction, Import, Export, Etc**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Ileana Pineiro-Capote (President)**

Name and Title: _____

Address **9535 SW 39 st**

Address: _____

Miami, Fl. 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Ileana Pineiro-Capote

Address: 9535 SW 39 ST

Miami, FI 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ileana Pineiro-Capote

Address: 9535 sw 39 st

Miami, FI. 33165

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

1/24/14
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

1/24/14
Date

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