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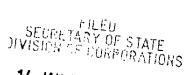
SUBJECT: PICA WINDOWS & DOORS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **378.75** \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

и :	PICA WINDOWS & DOORS, INC Name (Printed or typed)		
*1			
(9535 SW 39 ST		
-	Address		
1	MIAMI, FL. 33165		
_	City, State & Zip		
•	786-369-6923		
-	Daytime Telephone number		
1	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.

14 JAN 27 PM 3: 14

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



The name of the corporat	tion shall be: PICA WINDOWS	& DOORS, INC	14 JAN 27 PM 3: 1
<i>article II Pri</i> 9535 SW 39 S	NCIPAL OFFICE Principal street address	Mailing ac	Idress, if different is:
MIAMI, FL. 3	3165		
ARTICLE III PUR The purpose for which to	POSE he corporation is organized is:	, Repair, Sales, Constr	ruction, Import, Export, Etc
	TAL OFFICERS AND/OR DIRECTOR		
Name and Title	lleana Pineiro-Capote (President)	Name and Title:	
Address	9535 SW 39 st Miami, Fl. 33165	Address:	
	Wildin, 11. 00100		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Ileana Pineiro-Capote	_
Address:	9535 SW 39 ST	_
	Miami, FI 33165	
ADMINI E IIII	INCORPORATOR	
ARTICLE VII	MCOATONATON	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Ileana Pineiro-Capote	
Address:	9535 sw 39 st	
	Miami, Fl. 33165	
Having been nan this certificate, I d	ned as registered agent to accept service of proce am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	_ //) \	1/2//14
	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
 		The COST
	Required Signature/Incorporator	Date SECULAR 27
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