

PK4000012132

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

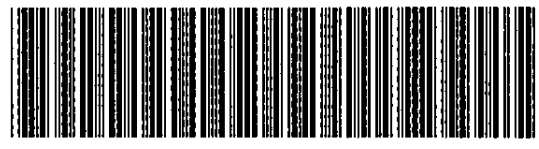
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/04/14 11:03 AM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -4 AM 9:06

2-15-14

## COVER LETTER

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

SUBJECT: **Pelican 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: **Michael Escobar**

Name (Printed or typed)

**21405 S.W 97th PI**

Address

**Cutler Bay, FI 33189**

City, State & Zip

**786 327-2832 ----- 305 968- 5704**

Daytime Telephone number

*Michael.Escobar94@yahoo.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 INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -4 AM 9:06

**ARTICLE I NAME:** Pelican Painting Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

21405 s.w. 97th pl  
Cutler bay, FL 33189

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: for Industrial Residential  
Waterproofing and Painting.

**ARTICLE IV SHARES** two  
The number of shares of stock is:

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

Name and Title:	<u>Michael A. Escobar</u>	Name and Title:	_____
Address	<u>21405 s.w 97 th pl</u> <u>cutler bay, fl 33189</u>	Address:	_____

Name and Title:	<u>Jose Escobar</u>	Name and Title:	_____
Address	<u>21405 s.w. 97 th pl</u> <u>cutler bay, fl 33189</u>	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: Michael A Escobar

Address: 21405 sw 97 th pl  
Cutler bay, FI 33189

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael A. Escobar

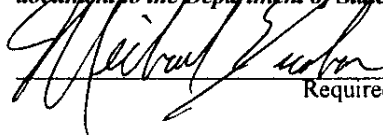
Address: 21405 sw 97 th pl  
Cutler bay, FI 33189

*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

\_\_\_\_\_  
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

1/13/2014

\_\_\_\_\_  
Date