

PK1000061604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

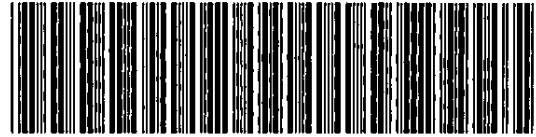
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/21/14--01038--014 **78.75

FILING CANCELLED
RETURNED CHECK

FILED
14 JUL 21 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ymd 7/22

COVER LETTER

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

SUBJECT: Raez's Exotic Plasters, 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: Gaudelio Raez
Name (Printed or typed)
172 Carlisle Dr.
Address
Miami Spring, FL 33166
City, State & Zip
(305) 753- 1320
Daytime Telephone number
raezexoticplasters@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILING CANCELLED
RETURNED CHECK

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:

Raez's Exotic Plasters, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

172 Carlisle Dr.

Miami Spring, Fl 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is provide services of remodeling

and repair of houses, apartments, offices or businesses. We specialize

in Venetian Plasters and Other Designs.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gaudelio Raez/ President

Name and Title: _____

Address 172 Carlisle Dr.

Address: _____

Miami Spring

Fl 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

**FILING CANCELLED (conti.)
RETURNED CHECK**

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: Gaudelio Raez
Address: 172 Carlisle Dr.
Miami Spring, FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Gaudelio Raez
Address: 172 Carlisle Dr.
Miami Spring, FL 33166

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

07/17/14
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

07/17/14
Date