

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BRITO BUSINESS & ASSOCIATES, INC.
Account Number : 120140000057
Phone : (305) 812-7240
Fax Number : (305) 418-7383

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: britoaccounting@yahoo.com.

**FLORIDA PROFIT/NON PROFIT CORPORATION
ORIGINAL PAINT AUTO SUPPLY, INC.**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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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:

ORIGINAL PAINT AUTO SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4931 10TH AVE SE

NAPLES FL 34117

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARLENE ALVAREZ-PRESIDENT**

Address: **4931 10TH AVE SE NAPLES FL 34117**

Name and Title: **JOSE GREGORIO LEON-VICE PR**

Address: **4931 10TH AVE SE NAPLES FL 34117**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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(cont.)

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: MARLENE ALVAREZ
Address: 4931 10TH AVE SE
NAPLES FL 34117

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARLENE ALVAREZ
Address: 4931 10TH AVE SE
NAPLES FL 34117

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

Marlene Alvarez
Required Signature/Registered Agent

9/15/2014
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.

Marlene Alvarez
Required Signature/Incorporator

9/15/2014
Date

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