

P14000085855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

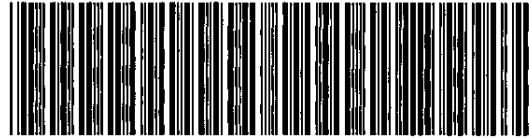
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400265534264

10/20/14--01002--021 **70.00

14 OCT 20 PM 12:59
TALLAHASSEE, FLORIDA
STATE

10/21/14 RB

COVER LETTER

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

SUBJECT: Epic Painters & Design, 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 Betancourt
Name (Printed or typed)

1264 Se Illusion Isle Way
Address

Stuart, FL 34997
City, State & Zip

786 - 316 - 8936
Daytime Telephone number

mbetancourt@OJALAWINE.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)

ARTICLE I NAME

The name of the corporation shall be: Epic Painters 3 Design, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

135 Westward Dr
Miami Springs, FL 33166

Mailing address, if different is:

1264 SE Illusion Island way
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting Consultation
3 Interior Design.

ARTICLE IV SHARES

The number of shares of stock is: 100

14 OCT 30 PM 12:58
CLERK OF DISTRICT COURT
ALABAMA STATE
ALABAMA, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fanore Tinoco Name and Title: _____

Address 135 Westward Dr Address: _____
Miami Springs, FL 33166

Name and Title: Michael Betancourt Name and Title: _____

Address Vice President Address: _____
1264 SE Illusion Island way
Stuart, FL 34997

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 Betancourt
Address: 1264 SE Illusion Isle way
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Betancourt
Address: 1264 SE Illusion Isle way
Stuart, FL 34997

14 OCT 20 PM 12:58
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

M. Betancourt
Required Signature/Registered Agent

10/12/14
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.

M. Betancourt
Required Signature/Incorporator

10/12/14
Date