

APR 07/2015/TUE 11:38 AM

FAX NO.

P. 001

4/7/15

Division of Corporations

Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
REY PROFESSIONAL PAINT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FAX No.

P. 002

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

**FILED**  
15 APR -7 AM 8:55

**ARTICLE I NAME**

The name of the corporation shall be:

**REY PROFESSIONAL PAINT INC.**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

**10135 NW 9TH STREET CR**

**APT 204**

**MIAMI, FL 33172**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFULL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **REYNALDO CANO (P)**

Name and Title:

Address: **10135 NW 9TH STREET CR**

Address:

**APT 204**

**MIAMI, FL 33172**

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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P. 003

(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:

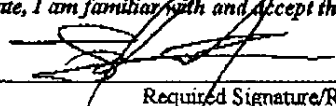
Name: REYNALDO CANO  
Address: 10135 NW 9TH STREET CR APT 204  
MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: REYNALDO CANO  
Address: 10135 NW 9TH CR APT 204  
MIAMI, FL 33172

*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

04/06/2015

\_\_\_\_\_  
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

04/06/2015

\_\_\_\_\_  
Date