

APR 07/2015/TUE 11:38 AM

FAX NO.

P. 01

4/7/15

Division of Corporations

P/50003/6/8

Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA
15 APR -7 AM 8:55

FILED

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -7 PM 4:10

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

FILED
15 APR -7 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

REY PROFESSIONAL PAINTING INC

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:

(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