

P15000033126

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000088791 3)))



H150000887913ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305) 903-2736  
Fax Number : (305) 391-2286

FILED  
15 APR 10 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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  
ORIZABOS PAINTING, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED  
15 APR 10 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu    Corporate Filing Menu    Help

4/13/15

FILED

15 APR 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: ORIZABOS PAINTING, CORP.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2732 N.W. 5 STREET  
MIAMI, FL. 33125

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEONARDO PEREZ  
2732 N.W. 5 STREET  
MIAMI, FL. 33125

Prepared by: LEONARDO PEREZ  
2732 N.W. 5 STREET  
MIAMI, FL. 33125  
786 873-4064

Electronically Sent By: BUSINESS WORLD TRANS  
7951 S.W. 40 ST. (BIRD RD.) #201  
MIAMI, FL. 33155  
PH # (305) 267-4022

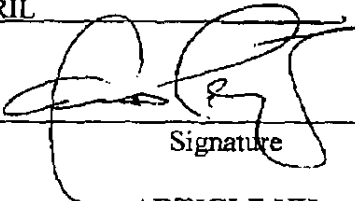
**ARTICLE VI  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEONARDO PEREZ  
2732 N.W. 5 STREET  
MIAMI, FL. 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of APRIL, 2015

  
\_\_\_\_\_  
Signature

**ARTICLE VII  
OFFICER(S) AND DIRECTOR(S)**

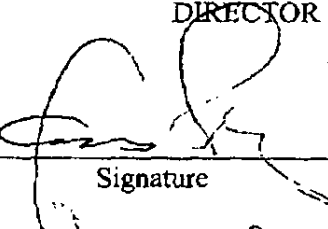
The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

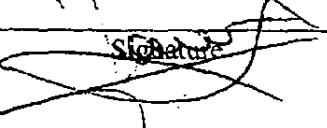
LEONARDO PEREZ  
2732 N.W. 5 STREET  
MIAMI, FL. 33125

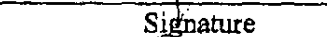
DIRECTOR & PRESIDENT

MARCELO MOTA  
219 S.W. 7 AVE #1  
MIAMI, FL. 33130

DIRECTOR & PRESIDENT

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ORIZABOS PAINTING, CORP.

2. The name and address of the registered agent and office is:

LEONARDO PEREZ  
2732 N.W. 5 STREET  
MIAMI, FL. 33125

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

(DATE) 04-10-15

FILED  
15 APR 10 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA