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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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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  
ROBAINAS PAINTING INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 12 PM 4:36

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Corporate Filing Menu

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MD 6/15

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

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**ARTICLE I NAME:** The name of the corporation is:

Robainas Painting Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

830 NW 87TH AVE

APT #305

Miami FL 33172

State of Florida  
MIAMI ASSOCIATES FLORIDA

15 JUN 12 AM 11:43

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

P: Jose Robainas

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jose Robainas

830 NW 87TH AVE APT #305

Miami FL 33172

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

JOSE Robainas

830 NW 87TH AVE APT #305

Miami FL 33172

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JUN 12 AM 11:43  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**Required Signatures:**

***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***

Swir R. \_\_\_\_\_  
Registered Agent 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.***

Swir R. \_\_\_\_\_  
Incorporator Date

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