P15000051886

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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06/12/15--01021--001 **78.75

JUN 1 5 2015 S. GILBERT

15 JUN 15 PH 5: 26

EFFECTIVE DATE 6-8-15

COVER LETTER

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

SUBJECT: CL	AUFER PAINTING CORP		,		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
S70.0 Filing Fo	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM:		ne (Printed or typed)			
	1904 SW 17 AVE APT 1	is (Trinear or typear)			
	Address				
	MIAMI, FLA. 33145				
	City, State & Zip				
	786-366-8102				
	Daytime Telephone number				
	COMJOE2@GMAIL.COM				
	E-mail address: (to be use	ed for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE 6 8-1 6

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

ARTICLE I NAME The name of the corporate	tion shall be:	NG CORP.	15 JUN 15 PM 5: 26
ARTICLE II PRINC			15 JUN 15 00
	Principal street address	М	ailing address, if different is 5: 26
1904 SW 17 AVE APT	1		CALLANASSEE FLORIDA
MIAMI, FLA. 33145			
ARTICLE III PURPO The purpose for which the	OSE HO	OUSE PAINTING	
Name and Title	LOFFICERS AND/OR DIRECT	ZO PRESI Name and Title:_	
Address	MIAMI, FLA 33145	Address:	
			
Name and Title:		Name and Title:_	
Address	*************************************	Address:	
Name and Title:		Name and Title:	

Name a	and Title: Name a	nd Title:
Addres	ess Address	:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the regist	ered agent is:
Name:	RAFAEL FERNANDO CARRIZO	
Address:	1904 SW 17 AVE APT 1	
	MIAMI, FLA 33145	
<u>ARTICLE VII</u>	INCORPORATOR	
The name and s	address of the Incorporator is:	
Name:	RAFAEL FERNANDO CARRIZO	
Address:	1904 SW 17 AVE APT 1	
	MIAMI, FL 33145	
Effective date, i (If an effective days after the i Note: If the dat	if other than the date of filing: O6/08/2015 e date is listed, the date must be specific and cannot be more filing.) ate inserted in this block does not meet the applicable statutory is effective date on the Department of State's records.	than five business days prior or 90 business
	amed as registered agent to accept service of process for the a I am familiar with and accept the appointment as registered ag	ent and agree to act in this capacity
χ	torris	06/08/2015
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are true. I an e Department of State constitutes a third degree felony as provid	
.,	tonis.	06/08/2015
Regu	juired Signature/Incorporator	Date Date

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