

Florida Department of State

Division of Corporations
Electronic Filing System

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.

(((H15000193867 3)))



H150001938673ABC7

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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
PICASSO INTERIORS DESIGNS INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

H15000193867

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

ARTICLE I NAME: The name of the corporation is:Picasso Interiors Designs Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1260 SW 17 ST
Miami FL 33145**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Angel M GALVEZ GODINEZ - P

15 AUG 11 AM 9:54

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

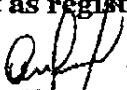
Angel M GALVEZ GODINEZ
1260 SW 17 ST
Miami FL 33145**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Angel M GALVEZ GODINEZ
1260 SW 17 ST
Miami FL 33145

H15000193867

H15000193867

Required Signatures:

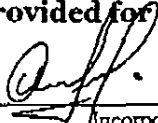
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date

H15000193867