

PI 500000 79845

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300277214373

09/21/15--01015--006 \*\*87.50

FILED  
2015 SEP 21 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

• SEP 28 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** INNOVATEC PAINTING, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

|  |   |
|--|---|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |   |

**FROM:** JUAN E. NOVA GUERRERO

Name (Printed or typed)

13947 sw 84 Street

Address

Miami, Fl. 33183

City, State & Zip

786-838-5391

Daytime Telephone number

ENMANUELNOVA@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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

FILED  
2015 SEP 21 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME** INNOVATEC PAINTING, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
1932 BRAINERD COURT, LUTZ, FL. 33549

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WICH  
The purpose for which the corporation is organized is: \_\_\_\_\_  
A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL LAWS OF THE STATE OF FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 200  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUAN E. NOVA /PRESIDENT

Name and Title: LADISLUZ LOPEZ/ VP

Address 13947 SW 84 Street  
Miami, Fl 33183  
\_\_\_\_\_  
\_\_\_\_\_

Address: 13947 SW 84 Street  
Miami, Fl.33183  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Ladisluz G. Lopez

Address: 13947 SW 84 Street

Miami, Fl. 33183

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JUAN E. NOVA

Address: 13947 SW 84 Street

Miami, Fl. 33183

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09/12/2015  
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

09/12/2015  
Date