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FEB 16 2016

S. GILBERT

## COVER LETTER

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

**SUBJECT:** DAVE PRO 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ELMER DAVID ALVARENGA

\_\_\_\_\_  
Name (Printed or typed)

1700 MINDANAO DR APT 804

\_\_\_\_\_  
Address

JACKSONVILLE FL 32246

\_\_\_\_\_  
City, State & Zip

904 405 5308

\_\_\_\_\_  
Daytime Telephone number

davipavon@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: DAVE PRO PAINTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

Mailing address, if different is: DATE  
JACKSONVILLE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: ELMER DAVID ALVARENGA, PRESIC

Address 1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

Name and Title: ANDRES ALVARENGA, VICE PRES

Address: 1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: ELMER DAVID ALVARENGA,

Address: 1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

**ARTICLE VII INCORPORATOR**

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

Name: ELMER DAVID ALVARENGA,

Address: 1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

**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*

Elmer David Alvarenga  
Required Signature/Registered Agent

01/30/2016  
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.*

Elmer David Alvarenga  
Required Signature/Incorporator

01/30/2016  
Date