

P160000057633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

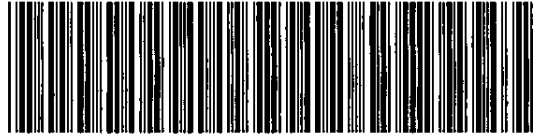
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286278634

05/31/16--01011--010 **78.75

FILED
16 JUL 11 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/14/16

COVER LETTER

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

SUBJECT: ADESSA PAINTING, CO.

(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: MICHAEL MONASHEVICH

Name (Printed or typed)

13725 SW 84 STREET STE.-G

Address

MIAMI, FLORIDA 33183

City, State & Zip

305-322-6056

Daytime Telephone number

ADESSAP@BELLSOUTH.NET

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

MICHAEL MONASHEVICH
13725 SW 84 STREET STE G
MIAMI, FL 33183

SUBJECT: ADESSA PAINTING, CO
Ref. Number: W16000035786

We have received your document for ADESSA PAINTING, CO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00010387

RECEIVED
16 JUL 11 PM 12:47
TALLAHASSEE, FLORIDA

Adessa Painting, Co
13725 SW 84 Street Ste.-G
Miami, Fl 33183

Florida Department of State

Division of Corporation

RE:Adessa Painting, Co.

ref#W16000035786

This letter will serve as an affidavit to release the name of Adessa Painting, Co. for use by another entity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Monashevich', with a stylized flourish at the end.

Michael Monashevich

Adessa Painting, Co

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: ADESSA PAINTING, CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13725 SW 84 STREET STE-G
MIAMI, FLORIDA 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

16 JUL 11 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MONASHEVICH-PRESIDENT

Address 13725 SW 84 STREET STE-G
MIAMI, FLORIDA 33183

Name and Title: RUSLAN MONASHEVICH-DIRECTOR

Address: 13725 SW 84 STREET STE-G
MIAMI, FL 33183

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: ANNA MONASHEVICH _____

Address: 13725-G SW 84 STREET _____

MIAMI, FL 33183 _____

FILED
16 JUL 11 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ANNA MONASHEVICH _____

Address: 13725-G SW 84 STREET _____

MIAMI, FL 33183 _____

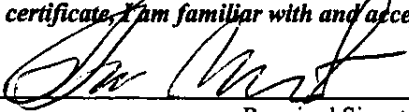
ARTICLE VIII EFFECTIVE DATE:

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

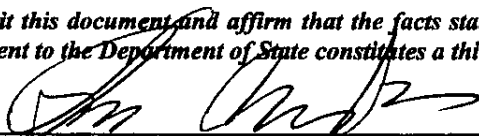


Required Signature/Registered Agent

MAY 1, 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.



Required Signature/Incorporator

MAY 1, 2016

Date