P16000092339

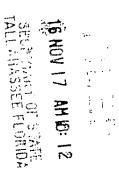
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use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



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November 13, 2016

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

Re: P15000008056

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Juan R. Sadycz

JOSE L. RUNZ
Notary Public - State of Florida
Commission # FF 938168
My Comm. Expires Nov.22, 2019
Bonded through National Natary Assn.

COVER LETTER

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

SUBJECT: J.R.S. P	AINTING SERVICES INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: MA	ARIA E RUIZ Name	e (Printed or typed)	
775	0 SW 117TH AVE SUITE 201D		
		Address	
MI	AMI FLORIDA 33183		
	City,	, State & Zip	
305	5 595-2407		
 .	Daytime 7	Celephone number	
MA	RIAQUIROS9@HOTMAIL.COM		
	E-mail address: (to be use	d 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)

The name of the corporati	ion shall be: J.R.S. PAINTING SERVICES	SINC					
ARTICLE II PRINCIPAL OFFICE Principal street address 11950 N BAYSHORE DRIVE APT 35			Mailing address, if different is: 7750 らいハハ Am Sect 2010				
NORTH MIAMI, FLOR	ZIDA 33181				33183		
ARTICLE III PURPO The purpose for which the	SE ANY AND e corporation is organized is:	ALL LEGA	L PURPO	SES			
					Po.		
					<u>></u> %	35	
					Mc.	3	
					08 0 P	25	
					Su	M	
ARTICLE V INITIA	LOFFICERS AND/OR DIRECTORS Juan R. Sadycz, Pros		d Title:		8		
Address	11950 N. Bayshore Dr. #35	_ Address:	-				
	Juan R. Sadycz, Pros. 11950 N. Bayshore Dr. #35 North Hiami, Fl. 33/81	_		<u>-</u>		· · · · · · · · · · · · · · · · · · ·	
Name and Title:		_ Name and	d Title:				
Address		_ Address:		······································			
							
Name and Title:		_ Name and	d Title:				
Address		_ Address:					
		_					

Name and	Title:	_ Name and Title:	
Address		Address:	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Juan R. Sadycz	_	
Address:	11950 N. Bayshove Dr. +35	_	五山 福
	North Miami, FL 33181		16 NOV 17 AM D: 12 TALLAHASSEE FLORIDA
ARTICLE VII II	NCORPORATOR		SSET
The name and add	ress of the Incorporator is:		5.5
Name:	Juan R. Sadyez	_	る。
Address:	Juan R. Sadycz 11950 N. Bayshore Dr. H.: North Miami, FL 33181	§ S	
	North Miami, FL 33181	_	
Effective date, if of	ther than the date of filing: 11/25/16 te is listed, the date must be specific and cann	(OPTIONAL ot be more than five days p) rior or 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.		s, this date will not be listed as
Having beginname this certificale, I an	ed as registered agent to accept service of proces n familiar with and accept the appointment as re	ss for the above stated corpor egistered agent and agree to a	ration at the place designated in act in this capacity
- Wind	D		11/14/16
	Required Signature/Registered Agent	- 4 I 41 -4 45 - 4	Date
document to the D	nent and affirm that the facts stated herein are partment of State constitutes a third degree felo	e true. 1 am aware that the f ny as provided for in s.817.1;	uise information submitted in a 55, F.S.
	Va		11/14/16
Heaffire	Signature/Incorporator		Date