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12/14/16--01010--007 **78.75

FILED
SECRETARY
DIVISION OF TREASURY
2006 DEC 14 PM 2:15

EFFECTIVE DATE 01/02/17

2 12/15/16

Office Use Only

COVER LETTER

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

SUBJECT: LJ SOLUTIONS PAINT CORP

(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: JENISSE CASTRO
Name (Printed or typed)

266 SW AIRVIEW AVE
Address

PORT SAINT LUCIE, FL 34984
City, State & Zip

786-804-9175
Daytime Telephone number

JENISSECASTRO46@GMAIL.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: LJ SOLUTIONS PAINT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

266 SW AIRVIEW AVE

PORT SAINT LUCIE, FL, 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PAINTING SERVICES AND GENERAL REMODELING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENISSE CASTRO, PRESIDENT

Name and Title: _____

Address 266 SW AIRVIEW AVE

Address: _____

PORT LUCIE, FL, 34984

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
REC-00000000
JAN 11 2011
PM 2:15
CLERK OF COURT
JAN 11 2011
PM 2:15

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: JENISSE CASTRO
Address: 266 SW AIRVIEW AVE
PORT SAINT LUCIE, FL, 34984

ARTICLE VII INCORPORATOR

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

Name: JENISSE CASTRO
Address: 26 SW AIRVIEW AVE
PORT SAINT LUCIE, FL, 34984

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/02/2017. (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
12/10/2016
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
12/10/2016
Date

FILED
SERVING AGENT
APPROVED
2016 DEC 16 PM 2:15