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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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EFFECTIVE DATE 01/02/17

12/15/16

COVER LETTER

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

SUBJECT: LJ SOL	UTIONS PAINT CORP		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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	PY REQUIRED
	HSSE CASTRO Nam	e (Printed or typed)	
266	SW AIRVIEW AVE		
		Address	_
POF	RT SAINT LUCIE,FL,34984		
	City	. State & Zip	
786-	804-9175		
	Daytime 1	Selephone number	
JEN	ISSECASTRO46@GMAIL.COM		
	E-mail address: (to be use	d for future annual report i	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 corpora		ORP	
ARTICLE II PRINC		Mailing address,	if different is:
266 SW AIRVIEW AV	'E	_	Total Control of the
PORT SAINT LUCIE,	FL,34984	.	·· <u> </u>
ARTICLE III PURPO The purpose for which t	OSE PAINTING the corporation is organized is:	NG SERVICES AND GENERAL RE	MODELING
			19 19 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:		2:
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
Name and Title		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:	

Address		
		Address:
RTICLE VI R	EGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable	le) of the registered agent is:
Name:	JENISSE CASTRO	
Address:	266 SW AIRVIEW AVE	
	PORT SAINT LUCIE,FL,34984	
RTICLE VII 1	NCORPORATOR	
he name and add	Iress of the Incorporator is:	19 AF 12. 20 12. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
Name:	JENISSE CASTRO	
Address:	26 SW AIRVIEW AVE	
110014001	PORT SAINT LUCIE,FL,34984	
		
	EFFECTIVE DATE: 01/02/2017	
Effective date, if ot	ther than the date of filing:	(OPTIONAL)
Effective date, if ot	ther than the date of filing: te is listed, the date must be specific and ca	. (OPTIONAL) annot be more than five business days prior or 90 business
Effective date, if ot If an effective dat lays after the filin	ther than the date of filing: 0170272017 te is listed, the date must be specific and cang.)	annot be more than five business days prior or 90 business
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