

PNW013258

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000040138 3)))



H17000040138303ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ALL PAINTING CONTRACTOR, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 13 2017

T. SCOTT

17 FEB 10 AM 10:22

H17000040138

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALL PAINTING CONTRACTOR, CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

890 EAST 31 STREETHALEAH, FL 33013

Mailing address, if different is:

890 EAST 31 STREETHALEAH, FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: PAINTING AND SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YOVANNI R. CABADIA ARMAS

Name and Title: _____

Address: PRESIDENT

Address: _____

890 EAST 31 STREETHALEAH, FL 33013Name and Title: ILIANA D. MORILLO ARRETURBETA

Name and Title: _____

Address: VIC-PRESIDENT

Address: _____

890 EAST 31 STREETHALEAH, FL 33013

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

H17000040138

H17000040138

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: YOVANNI R. CABADIA ARMAS
Address: 890 EAST 31 STREET
HIALEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOVANNI R. CABADIA ARMAS
Address: 890 EAST 31 STREET
HIALEAH, FL 33013

ARTICLE VIII EFFECTIVE DATE: 02/09/2017

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 days prior or 90 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.

X _____ 02/09/2017
Required Signature/Registered Agent 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.

X _____ 02/09/2017
Required Signature/Incorporator Date

H17000040138