

P17000033342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

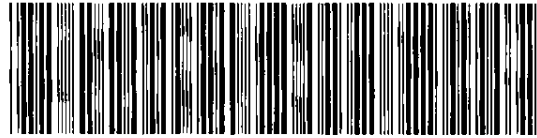
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300297673213

04/10/17--01022--023 \*\*70.00

FILED  
17 APR 10 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/13/17

## COVER LETTER

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

SUBJECT:

LM Guanajay Painting, Inc.  
(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:

Marilyn Gomez, CPA

Name (Printed or typed)

7819 Tatum Waterway Drive #6

Address

MIAMI BEACH, FL 33141

City, State & Zip

(786) 624-8261

Daytime Telephone number

Marilyn0214@outcome.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)

FILED

17 APR 10 AM 11:46

ARTICLE I NAME

The name of the corporation shall be: LM Guanajay Painting, Inc.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4143 Skyline Blvd

4143 Skyline Blvd

Cape Coral, Fl 33914

4143 Skyline Blvd

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide painting Services to the public

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Castillo, Pres.

Name and Title: Maria Luisa Fernandez-Vice Pres

Address 4143 Skyline Blvd

Address: 4143 Skyline Blvd

Cape Coral, Fl 33914

Cape Coral, Fl 33914

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: Luis Castillo  
Address: 4143 Skyline Blvd  
Cape Coral, Fl 33914

**ARTICLE VII INCORPORATOR**

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

Name: Maria L. Fernandez  
Address: 4143 Skyline Blvd  
Cape Coral, Fl 33914

17 APR 10 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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 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) [Signature]  
Required Signature/Registered Agent

3/19/17  
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) [Signature]  
Required Signature/Incorporator

3/19/17  
Date