(Requestor's Name) (Address)	800304919738
(Address) (City/State/Zip/Phone #)	800304919738 10/24/1701017018 ++87.50
(Business Entity Name) (Document Number) ified Copies Certificates of Status vecial Instructions to Filing Officer:	17.0CT 24 PH IB
Office Use Only	

COVER LETTER

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

Custom SUBJECT: SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee **S**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: Gilberto ame (Printed or typed)

7510 Big Horn St Address Tallahassee FL 32310 City, State & Zip

850-775-9843 Daytime Telephone number

Danomangmel amail. 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 IN In compliance with Chapter 607 a		FILED 2017 CCT 24 (71/12:19)
<u>ARTICLE1 NAME</u> The name of the corporati	on shall be: Custom Pair	nting by Cril	Inc
<u>ARTICLE II PRINCI</u>	PAL OFFICE Principal street address	J	Idress, if different is:
7510 Big Tallahassee	Horn St FL 32310		
ARTICLE III PURPON The purpose for which the etc.	SE e corporation is organized is: <u>POUN</u>	iting, pressur	e washing
			· · · · · · · · · · · · · · · · · · ·
		esidentiand Title Vero	nia Groff VIP
Address	1510 Big Horn St.	Address:	
-	Tallahassee FL 328	<u> </u>	
Name and Title:		Name and Title:	
		Address:	
-			
Name and Title:_		Name and Title:	
Address	· · ·	Address:	
-			
-			

| |

Name and Title:	Name and Title:
Address	Address:
<u>RTICLE VI REGISTERED AGENT</u>	
he <u>name and Florida street address</u> (P.O. Box NOT accepta	
same: <u>Gilberto Alvarez</u>	
Address: <u>7570 Big Horn St.</u> Tubbasson It 202	
Tallahassee FL 323	<u>>10</u>
RTICLE VII_INCORPORATOR	
he name and address of the Incorporator is:	
Name: Gilberto Alvarez	
Address: 7510 Big Horn St	
Talbhossee FL 36	2310
197721111111111111111111111111111111111	
RTICLE VIII EFFECTIVE DATE:	(OPTIONAL)
frective date. If other than the date of filing:	cannot be more than five days prior or 90 days after the
ing.) ote: If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed as
ling.) ote: If the date inserted in this block does not meet the application of the second	icable statutory filing requirements, this date will not be listed as
ling.) ote: If the date inserted in this block does not meet the applie document's effective date on the Department of State's rec aving been named as registered agent to accept service of p	licable statutory filing requirements, this date will not be listed as cords.
ing.) ote: If the date inserted in this block does not meet the applied ocument's effective date on the Department of State's rec <i>laving been named as registered agent to accept service of p</i> <i>is certificate. I amfamiliar with and accept the appointment</i>	licable statutory filing requirements, this date will not be listed as cords. process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
ae document's effective date on the Department of State's ree	licable statutory filing requirements, this date will not be listed as cords. process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
iling.) iote: If the date inserted in this block does not meet the appli- ae document's effective date on the Department of State's rec- laving been named as registered agent to accept service of p his certificate. I amfamiliar with and accept the appointment Required Signature/Registered Agen submit this document and affirm that the facts stated herei	The factor of the false information submitted in a factor of the factor
ing.) iote: If the date inserted in this block does not meet the applied document's effective date on the Department of State's rec laving been named as registered agent to accept service of p his certificate. I amfamiliar with and accept the appointment Required Signature/Registered Agen	The factor of the false information submitted in a factor of the factor