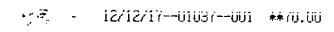
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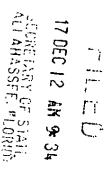
(Re	questor's Name)	·
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer;	

Office Use Only



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COVER LETTER

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

SUBJECT: NEL	VIN PAINTING (PROPOSED CORPOR	CORP.,	UDE 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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status PY REOUIRED		

NELVIN PAINTING CORPORATION Name (Printed or typed) 5336 MILLENIA BLVD APT 5-108 Address ORLANDO, FLORIDA 32839 City, State & Zip 407-247-1347 *** 321-444-1890 Daytime Telephone number NELVIN27@HOTMAIL.COM

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

The name of the corpora	tion shall be: NELVIN PAIN	TING C	ORPORATION	ON.,	
ARTICLE II PRINCIPAL OFFICE Principal street address 5336 MILLENIA BLVD APT 5-108 ORLANDO, FL 32839 407-247-1347			Mailing address, if different is: 5336 MILLENIA BLVD APT 5-108 ORLANDO, FL 32839 407-247-1347		
INTEIOR AND	he corporation is organized is:	PAINT			
ARTICLE IV SHA	ures stock is: 2			17 DEC 12 SECRETARY ALL AHASSER	
	5336 MILLENIA BLVD APT 5	DENT Name 5-108 Addre DENT Name 5-108 Addre	and Title:	OF STATE OF	
Name and Title: Address	ORLANDO, FL 32839	Name Addre	and Title:		

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ADILENE CANTERO		
Address:	5336 MILLENIA BLVD APT 5-108		
	ORLANDO, FL 32839		
ARTICLE VII	INCORPORATOR		
The <u>name and ac</u>	ddress of the Incorporator is:		
Name:	ADILENE CANTERO		
Address:	5336 MILLENIA BLVD APT 5-108		
	ORLANDO, FL 32839		
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpo stered agent and agree to c	ration at the place designated in act in this capacity
Adila	Required Signature/Registered Agent		12/04/2017
<u> </u>	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the f as provided for in s,817,1,	false information submitted in a 55, F.S.
A	en a corn tan		12/04/2017
	Required Signature/Incorporator	 	Date