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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: A Million Colors, 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: Aida M. Mendez Lopez  
Name (Printed or typed)

2422 Marble Dr  
Address

Jacksonville, FL 32211  
City, State & Zip

(904)508-1316  
Daytime Telephone number

aidamendezm43@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: A Million Colors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Aida M. Mendez Lopez

Same

2422 Marble Dr.

Jacksonville, FL 32211

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To transact any and all lawful business for painting services under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares of common stock, all of which shall be of the par value of \$.01  
per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aida M. Mendez Lopez, President Name and Title: \_\_\_\_\_

Address 2422 Marble Dr. Address: \_\_\_\_\_

Jacksonville, FL 32211 \_\_\_\_\_

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

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

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

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

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CLERK OF CIRCUIT  
JAIL HASSEE, FLORIDA

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: Aida M. Mendez Lopez  
Address: 2422 Marble Dr.  
Jacksonville, FL 32211

**ARTICLE VII INCORPORATOR**

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

Name: Aida M. Mendez Lopez  
Address: 2422 Marble Dr.  
Jacksonville, FL 32211

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 26, 2018 (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*

  
Required Signature/Registered Agent

2/26/2018  
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.*

  
Required Signature/Incorporator

2/26/2018  
Date