P18005 029 421

	(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:				





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TALLAHASSEE, FLORID

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COVER LETTER /

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

	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL COPY REQUIRED	

	Name (Printed or typed)
635 SW 64th Ave	
	Address
Miami-FL-33144	
	City, State & Zip
786-416-5136	
12	Daytime Telephone number

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)

<u>RTICLE II — PRIN</u>	Principal street address	Mailing	address, if different is:
35 SW 64th Ave			
diami,FL,33144			
RTICLE III PURI he purpose for which AND GENERAL RE	the corporation is organized is:	RY.PAINTING SERVICE	ES.FENCES,CONSTRUCTION
RTICLE IV SHA			18 I
he number of shares o	of stock is:		MAR 26 JACIAN LAHASS
RTICLE V INIT	### And Antonio Fornander PRESIDENT	Name and Title:	LED 26 M SSEE, FI
	### And Antonio Fornander PRESIDENT	Name and Title:Address:	26 SSEE
RTICLE V INIT	### AIL OFFICERS AND/OR DIRECTORS Carlos Antonio Fernandez, PRESIDENT [le:		26 AM \$: 40 SSEE, FU ME:
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Carlos Antonio Fernandez, PRESIDENT 635 SW 64th Ave	Address:	26 AM 8: 40 NSSEE, FL. AL.
Name and Tit Address	Miami,FL,33144	Address: Name and Title: Address:	26 AM 8: 40 SSEE, FL. RE.:
Name and Tit Address Name and Tit	### ALL OFFICERS AND/OR DIRECTORS Carlos Antonio Fernandez, PRESIDENT 635 SW 64th Ave Miami,FL.33144	Address: Name and Title: Address:	26 AM \$: 40 NSSEE, FL. RE.
Name and Tit Address Name and Titl Address	### ALL OFFICERS AND/OR DIRECTORS Carlos Antonio Fernandez, PRESIDENT 635 SW 64th Ave Miami,FL.33144	Address: Name and Title: Address:	26 AM 8: 40 SSEE, FL. RE.:

Name a	nd Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta Carlos Antonio Fernandez	able) of the registered agent is:	
Name:	635 SW 64th Ave		
Address:	Miami,FL,33144		18 18
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		HAR 26 AM 8: 40
The <u>name and a</u>	iddress of the Incorporator is:		
Name:	Carlos Antonio Fernandez		1 8: 40
Address:	635 SW 64th Ave		\$ 5
	Miami.FL.33144		€
Effective date, i (If an effective days after the f	refrective DATE: f other than the date of filing: date is listed, the date must be specific and filing.) e inserted in this block does not meet the apple effective date on the Department of State's recommendation.	icable statutory filing requirer	isiness days prior or 90 business
Having been na	med as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated co as registered agent and agree	
I submit this do	Required Signature/Registered Ager cument and affirm that the facts stated herei		Date the false information submitted in
document to the	Department of State constitutes a third degree	e felony as provided for in s.8	17.155, F.S. 04/01/2018
			U-7: U 1/ 4U 1 U