

P18000039026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

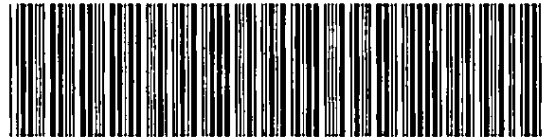
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 02 2018

T. SCOTT



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04/26/18--01009--030 \*\*87.50

FILED  
2018 APR 26 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Elohim Paint, Corp.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Julio Maldonado  
Name (Printed or typed)

618 South Bradshaw Rd  
Address

Apopka, FL 32703  
City, State & Zip

321-316-8458  
Daytime Telephone number

elohimpaint@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: Elohim Paint, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

618 South Bradshaw Rd

618 South Bradshaw Rd

Apopka, FL 32703

Apopka, FL 32703

**ARTICLE III PURPOSE**

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

Professional Painting Services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Julio Maldonado- President

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

Address 618 South Bradshaw Rd

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

Apopka, FL 32703

Name and Title: Verónica López- Vice President

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

Address 618 South Bradshaw Rd

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

Apopka, FL 32703

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

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

Address \_\_\_\_\_

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

FILED  
2018 APR 26 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, 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: Julio Maldonado

Address: 618 South Bradshaw Rd

Apopka, FL 32703

**ARTICLE VII INCORPORATOR**

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

Name: Julio Maldonado

Address: 618 South Bradshaw Rd

Apopka, FL 32703

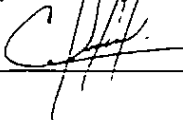
**ARTICLE VIII EFFECTIVE DATE:**

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*

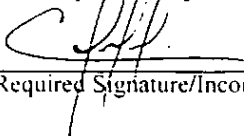


\_\_\_\_\_  
Required Signature/Registered Agent

04-20-18

\_\_\_\_\_  
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

04-20-2018

\_\_\_\_\_  
Date