Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual raport mailings. Enter only one email address please.\*\*

| Esail | Address: |  |
|-------|----------|--|
|       |          |  |

## FLORIDA PROFIT/NON PROFIT CORPORATION AL'S PAINT AND MORE CORP.

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| •                                 | . (= 1541)  |
|-----------------------------------|---|
| ARTICLE 1 N                       | AME: The name of the corporation is:              |
| _AL'S Paint a                     | nd More corporation is:                           |
| 101111 4                          | ia more corp.                                     |
| articie.                          | II PRINCIPAL OFFICE:                              |
| The principal str                 | eet address and mailing address is:               |
| I MICHAIN IV                      | st MiamiFL 33193                                  |
|                                   |   |
|                                   |   |
| RTICLE III SHARES: The n          | umber of shares of stock is:/OO                   |
|                                   |   |
| ARTICLE IV INTIIA                 | L DIRECTORS AND OR OFFICERS:                      |
| Aifredo Ramire                    | PRESIDEN  |
|                                   | ( 200   |
|                                   |   |
|                                   |   |
|                                   |   |
|                                   |   |
| RTICLE V INTERAL PROCES           |   |
| name and Florida street address ( | TERED AGENT AND STREET ADDRESS:                   |
| Alfredo camirez                   | PO Box not acceptable) of the registered agent is |
| 14912 SM 705+ MI                  | OMI TI 22107                                      |
| TA INTI                           | unit FL 33143                                     |
|                                   |   |
| TICLE VI INCORPORATOR             | The name and address of the Incorporator is:      |
| ALFREDO R                         | AMIREZ  |
|                                   | 70 ST   |
| MIAMI FI                          | 33193   |
|                                   |   |

## Required Signatures:

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

RESistered Agent 0/24/14

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.