

MAR 20/2019/WED 11:33 AM

FAX No.

P. 001

3/20/20

Division of Corporations

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OSVALDO MUNIZ PAINTING INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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Help

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: OSVALDO MUNIZ PAINTING INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

12772 SW 47 TERR

MIAMI, FL 33175

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PAINTING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSVALDO MUNIZ, PRESIDENT

Address: 12772 SW 47 TERR

MIAMI, FLA 33175

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: OSVALDO MUNIZ
 Address: 12772 SW 47 TERR
 MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OSVALDO MUNIZ
 Address: 12772 SW 47 TERR
 MIAMI, FL 33175

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/16/2019 (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

X [Signature]
 Required Signature/Registered Agent

03/16/2019
 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.817.133, F.S.

X [Signature]
 Required Signature/Incorporator

03/16/2019
 Date