## PP000019814

(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.				
Special instructions to 1 ming Offices.				





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PIO DOT 25 PH 3: 31

## **COVER LETTER**

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

em neer	DIAZ PAINTI	NG CORFO	ration		
SUBJECT:	(PROPOSED CORPORAT	E NAME - MUST INCLI	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
<b>□</b> \$70.00	☐ \$78.75	<b>□</b> \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee.		
5	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
	•	ADDITIONAL CO	Status DPV REQUIRED		
		ADDITIONAL CO	of t REQUIRED		
	_	_			
FROM: SUADAIUPE DIAZ (OPEZ Name (Printed or typed)					
Name (Printed or typed)					
1717 VERNAY BIVD LOT 20					
Address					
Tallal acceptal 297707					
TAILAHASSEE FL 32303					
		- 00			
912-572-17-38 Daytime Telephone number					
9	E-mail address: (to be used	for future annual report	MALL.COM 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	on shall be: DUADAIU (F	E DIAZ LOPE	Z COPPORATION
<u> RTICLE II — PRINCI</u>		Mailing address, i	
	SEEFI		
3230	3		
ARTICLE III PURPO. The purpose for which th	e corporation is organized is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NTING IN CIÈ	ung hous
			200 <b>200</b>
<del></del>			FILE CT 25 HASSEF
ARTICLE IV SHARE The number of shares of s	<u>s</u> tock is:		PH 3: 31
RTICLE V INITIAL	SUPPLIERS AND/OR DIRECTORS W	<del>c</del> ez	
Address	THURAL BLUD		
	32303		
Name and Title:		Name and Title:	
Address			
Name and Title:			
Address		Address:	

Name and Title:	Name and Title:				
Address	Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Name: QUARATORE DIAZ	Lorez	FIL CT 25 AHASS			
Address: 1717 VECACH BLV	DIOTZO	SEE OF THE D			
32303	_	3: 3 STA1 FERRI			
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is:					
Name: SUADATURE DIA	Z lope Z				
Address: 1717 UERNay BIV	D 67 20				
32303					
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 10 - 25 - 19 (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.)					
<u>Note:</u> 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					
CUADRIORE DIAZ LO Required Signature/Registered Agent	PEZ 10	-25-19 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 \$.817.155, F.S.					
Required Signature/Incorporator	1017E7 10	) - 25 19 Date			

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