Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number : I20170000070 Phone : (305)226-8727 Fax Number : (305)226-8767

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION LECCA PAINTING GROUP INC

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COVER LETTER

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

ting Geoup Inc. TENAME-MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
S78.75 S87.50 S2 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED						
FROM: LUCIA Estrella						
Flagler St # 114						
33 144						
State & Zip 8727						
elephone number De II South ne T 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 NAME The name of the corporation	on shall be: <u>Lecca</u>	Paintin	ng Geoup Inc.	
<u>ARTICLE II PRINCI</u> P	PAL OFFICE rincipal street address	N	Mailing address, if different is:	
5458 NW	944h Teili. 1 33351			
ARTICLE III PURPOS		y Igu	full Business	
ARTICLE IV SHARE. The number of shares of su			,	
	OFFICERS AND NOR DIRECTORS LUIS E. CUENCA RE	Name and Title:	Sebastian H. Cuenca VI	
Address	5458 NW 944h Terr. Sunrise, \$1 33351	_ Address:	Sebastian H. Cuenca VI 5458 NW 94th Terr SUNRISE, Fl 33351	
Name and Title:_		Name and Title:		
Address _		_ Address: _		
_		- -		
Name and Title:		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 the registered agent is:
Name: Luis E Chenc:	A
Address: 5958 NW 94	Th terr
Address: 5958 NW 94 SUN RISE, FI	33351
	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	342220
Name: LUIS E.	OLU TOX
Address: 5458 NW S	1410 1e//.
SUNRISE, F	1 39351
ARTICLE VIII EFFECTIVE DATE:	2-20-2020
	fic 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 document's effective date on the Department of Sta	the applicable statutory filing requirements, this date will not be listed as ate's records.
naving been nappa as registered agent to accept servic certificate, I applamiliar with any accept the appointm	ce of process for the above stated corporation at the place designated in this ent as registered agent and agree to act in this capacity
[massper]	2/20/2020
figured Signature Register	
I submit this document and affirm that the facts state document to the Department of State conditutes a third	ed herein are true. I am aware that the false information submitted in a I degree felony as provided for in s.817.155. F.S.
/fer /hom	2/20/2020
Required Signature/Incorporator	Date