

P200000019451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000072689 3)))



H200000726893ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
PRIME PAINTING PROS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

MAR 04 2020

2020 MAR -4 PM 1:06

FILED

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2020 MAR -4 PM 12:33

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

2020 MAR -4 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is:

Prime Painting Pros inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11473 SW 183 Ter
Miami, FL 33157

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Manny Lazaro Melendez (P)
Manuel D. Melendez V.P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

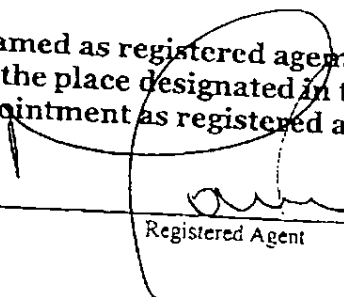
Manuel D Melendez
11473 SW 183 ter
Miami FL 33157

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Manuel D Melendez
11473 SW 183 ter
Miami FL 33157

Required Signatures:

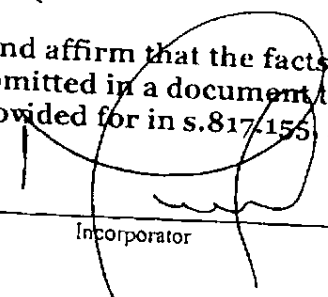
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent3/4/20

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.



Incorporator3/4/20

Date

2020 MAR -4 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FL

FILED