Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

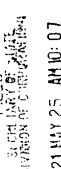
Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 Phone : (772)460-1000 : (772)777-3071 Fax Number

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 CASTRO PAINTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Help

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COVER LETTER

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

SUBJECT: CA	STRO PAINTING, INC.		
	(PROPOSED CORPOR	ATÉ NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the an	ticles of incorporation and	l a check for:
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	
		ne (Printed or typed)	
<u>28</u>	55 SW BRIGHTON ST	Address	
<u> p</u>	ORT ST LUCIE. FL 34953	., State & Zip	
<u>(7</u>	72) 460.1000 Daytime	Telephone number	
int	o@taxpeoplefl.com		
	E-mail address: (to be us	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

(((H21000208580 3)))

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINC	IPAL OFFICE	
	Principal street address	Mailing address, if different
ST LUCIE, FL 34983	· · · · · · · · · · · · · · · · · · ·	
3 - 20 J.C. 2 3 100		
ICLE III PURPO	nge	•
purpose for which t	he corporation is organized is: ANY ANE	ALL LAWFUL BUSINESS
•	• • • • • • • • • • • • • • • • • • • •	
<u> </u>		
		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
	stock is: 1,000	
ICLE V INITIA		
	AL OFFICERS AND/OR DIRECTORS	N
	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTRO/PRES.	Name and Title:
	AL OFFICERS AND/OR DIRECTORS	
Name and Title	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTRO/PRES. 1465 SE OCEAN LANE	
Name and Title	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTRO/PRES.	
Name and Title	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTRO/PRES. 1465 SE OCEAN LANE PORT ST LUCIE, FL 34983	
Name and Title	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTRO/PRES. 1465 SE OCEAN LANE	
Name and Title	AL OFFICERS AND/OR DIRECTORS ROBSON RODRIGUES DE CASTROIPRES. 1465 SE OCEAN LANE PORT ST LUCIE, FL 34983	Address:
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Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	TAXPEOPLE LLC	•
Address:	2855 SW BRIGHTON ST	-
1123-	PORT ST LUCIE, FL 34953	_
		_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	Idress of the Incorporator is:	
Name:	CLAUDIO TOLEDO RIBEIRO	-
Address:	2855 SW BRIGHTON ST	_
	PORT ST LUCIE, FL 34953	_
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and cannot	(OPTIONAL) ot be more than five days prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been nan certificate, I am	med as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
		05/25/2021
<u> </u>	Required Fignature/Registered Agent	Date
I submit this do- document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		05/25/2021
Required Signat	ure/Incorporator	Date