

05/25/2021

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The People

Division of Corporations

5/25/2021

P21000050059

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H21000208580 3)))



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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
Fax Number : (772)777-3071

****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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DIVISION OF CORPORATIONS

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Corporate Filing Menu

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(((H21000208580 3)))

COVER LETTER

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

SUBJECT: CASTRO PAINTING, INC.(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** TAXPEOPLE LLC

Name (Printed or typed)

2855 SW BRIGHTON ST

Address

PORT ST LUCIE, FL 34953

City, State & Zip

(772) 460.1000

Daytime Telephone number

info@taxpeoplefl.com

E-mail address: (to be used 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)

ARTICLE I NAMEThe name of the corporation shall be: CASTRO PAINTING, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1465 SE OCEAN LANEPORT ST LUCIE, FL 34983**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ROBSON RODRIGUES DE CASTRO/PRES.

Name and Title: _____

Address 1465 SE OCEAN LANE

Address: _____

PORT ST LUCIE, FL 34983

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: TAXPEOPLE LLCAddress: 2855 SW BRIGHTON STPORT ST LUCIE, FL 34953**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CLAUDIO TOLEDO RIBEIROAddress: 2855 SW BRIGHTON STPORT ST LUCIE, FL 34953**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (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*_____
Required Signature/Registered Agent05/25/2021

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.*_____
Required Signature/Incorporator05/25/2021

Date