

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

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

Email Address: Wftaxes.more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
SER PAINT & HANDYMAN SERVICES INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2022 JUL 13 PM 1:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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D. O'KEEFE

JUL 14 2022

COVER LETTER

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

SUBJECT: SER PAINT & HANDYMAN SERVICES 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: SERGIO BURITICA ZULUAGA
Name (Printed or typed)

1193 SW GLASTONBERRY AVE
Address

PORT ST. LUCIE, FL 34953
City, State & Zip

772-359-4914
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used 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 I NAME

The name of the corporation shall be: SER PAINT & HANDYMAN SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1193 SW GLASTONBERRY AVE

PORT ST. LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SERGIO BURITICA ZULUAGA, PRESIDENT

Name and Title: _____

Address

1193 SW GLASTONBERRY AVE

Address: _____

PORT ST. LUCIE, FL 34953

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: SERGIO BURITICA ZULUAGA
Address: 1193 SW GLASTONBERRY AVE
PORT ST. LUCIE, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
Address: 508 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

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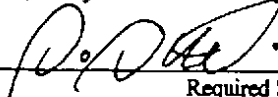
ARTICLE VIII EFFECTIVE DATE:

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

 07/13/2022
Required Signature/Registered Agent 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.

 07/13/2022
Required Signature/Incorporator Date