

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : XOTCHILTH VALDIVIA
Account Number : I20220000026
Phone : (305)332-1478
Fax Number : (305)456-4563

****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
A & B PAINTING AND RESTORATION CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 NOV 14 PM 8:17

22 NOV 14 PM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: A & B PAINTING AND RESTORATION CORP
(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: ANTONIO JUAN VALDES
Name (Printed or typed)
14213 SW 142 STREET
Address
MIAMI, FL 33186
City, State & Zip
(786) 417-6797
Daytime Telephone number
ajv1012@bellsouth.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 NOV 14 PM 8:18

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

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

ARTICLE I NAME

The name of the corporation shall be: A & B PAINTING AND RESTORATION CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

14213 SW 142 STREET

MIAMI, FL 33186

Mailing address, if different is:

14213 SW 142 STREET

MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO JUAN VALDES - PRES Name and Title: _____

Address 14213 SW 142 STREET Address: _____
MIAMI, FL 33186

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

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: ANTONIO JUAN VALDES
 Address: 14213 SW 142 STREET
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTONIO JUAN VALDES
 Address: 14213 SW 142 STREET
MIAMI, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/11/2022 (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 Agent

11/11/2022

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/Incorporator

Date 11/11/2022

22 NOV 18 PM 18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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