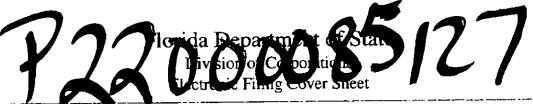
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : XOTCHILTH VALDIVIA

Account Number : I20220000026 : (305)332-1478 Phone

: (305)456-4563 Pax Number

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

FLORIDA PROFIT/NON PROFIT CORPORATION A & B PAINTING AND RESTORATION CORP

Certificate of Status	0	
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

P. O. Box 6327 Tallahassee, FL 323	314					
SUBJECT: A & B PAINTING AND RESTORATION CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status			
FROM:		O JUAN VALDES ne (Printed or typed)	SECRE IAKY TALLAHASSE	22 NO	\frac{1}{2}	
	14213 SW 142 STREET Address		HASSEE.	V I L P		
	MIAMI, FL 33186		FLORIDA 3 JAIS	22 NOV 14 PM 8: 18		
	(786) 417-6797 Daytime Telephone number					
		2@bellsouth.net	notification)			

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 corporati	ion shall be: A & B PAINTING AND RESTORATION CORP			
ARTICLE II PRINC	Principal street address	Mailing address, if different is: 14213 SW 142 STREET		
14213 SW 142 MIAMI, FL 3318		14213 SW MIAMI, FL		
ARTICLE III PURPO	ISE ne corporation is organized is: PRC	DEESSIONAL CORPORAT	ion	
The purpose for which u	te corporation is organized is.			
ARTICLE IV SHARI The number of shares of ARTICLE V INITIA	ES stock is: 100 IL OFFICERS AND/OR DIRECTORS		Āro	
Name and Title	: ANTONIO JUAN VALDES - P		22 NOV SECRE II	
Address	14213 SW 142 STREET_	Address:	SS E	
	MIAMI, FL 33186	<u></u>		
Name and Title	:	Name and Title:	DESTRUCTION OF THE PROPERTY OF	
Address				
Name and Title	·	Name and Title:		
م مامام				
Address				

Name and T	itle:	Name and Title:	·
Address		Address:	
ARTICLE VI RE	GISTERED AGENT ha street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name: _	ANTONIO JUAN VALDES		
Address:	14213 SW 142 STREET	_	
_	MIAMI, FL 33186	-	
ARTICLE VII INC	CORPORATOR		
The name and addre	ss of the Incorporator is:		
Name:	ANTONIO JUAN VALDES		
Address:	14213 SW 142 STREET	_	
	MIAMI, FL 33186	•	
(If an effective date filing.) <u>Note:</u> If the date inst	r than the date of filing: 11/11/2022 is listed, the date must be specific and cannot reted in this block does not meet the applicable ive date on the Department of State's records.	t be more than five days prior or 99	RE I
Having been napeed y vertificate, I am famil	overgistered agent to accept service of process fair with and accept the appointment as registers	ed agent and agree to act in this capacit	The state of the s
submit this docume locument to the Depa	Required Signature/Registered Agent nt and affirm that the facts stated herein are ranent of State constitutes a third degree felony	true. I am aware that the false inform as provided for in s.817.155, F.S.	Desc ation submitted in a
Required Signature/lo	copperator	Date1	1/11/2022