

3/7/23, 2:04 PM

Division of Corporations

**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 : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
 Fax Number : (516)935-3088

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

**Email Address:** CADIAS@LOGATTI.EDU.BR

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EAST COAST EPOXY COATING INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

**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: EAST COAST EPOXY COATING INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
109 SW LADYBUG DRIVE  
PORT SAINT LUCIE, FL 34953Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**The number of shares of stock is: 10,000 AT NO PAR VALUE  
\_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCIO BORGES - PRESIDENT/DIRECTORAddress: 109 SW LADYBUG DRIVE  
PORT SAINT LUCIE, FL 34953  
\_\_\_\_\_  
\_\_\_\_\_Name and Title: CARLOS DIAS - VICE PRESIDENT/DIRECTORAddress: 109 SW LADYBUG DRIVE  
PORT SAINT LUCIE, FL 34953  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: CARLOS DIAS

Address: 109 SW LADYBUG DRIVE

PORT SAINT LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: CARLOS DIAS

Address: 109 SW LADYBUG DRIVE

PORT SAINT LUCIE, FL 34953

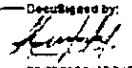
**ARTICLE VIII EFFECTIVE DATE:**

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.

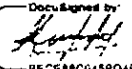
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

DocuSigned by:  
  
Required Signature/Registered Agent

MARCH 6, 2023

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.*

DocuSigned by:  
  
Required Signature/Incorporator

MARCH 6, 2023

Date

H23000087389