3/22/23, 12:59 PM Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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Email Address: wholetax@gmail.com

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
NORTH PAINTING, CORP

Certificate of Status	0
Certified Copy	0
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H 23000108548.

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 North Painting, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3770 Toledo Rd Apt 180, Jacksonville, FL 32217

Mailing address if different is: Same

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 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose A. Mendoza Cabrera - P

Address: 3770 Toledo Rd Apt 180, Jacksonville, FL 33217

Name and Title: Dina P. Sorto Flores - VP

Address: 3770 Toledo Rd Apt 180, Jacksonville, FL 33217

Name and Title:

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: Jose A. Mendoza Cabrera

Address: 3770 Toledo Rd Apt 180

Jacksonville, FL 33217

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: Jose A. Mendoza Cabrera

Address: 3770 Toledo Rd Apt 180

Jacksonville, FL 33217.

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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.

Jose Mendoza 03/22/2023

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.

Jose Mendoza 03/22/2023

Required Signature/Incorporator Date