

P24000038013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

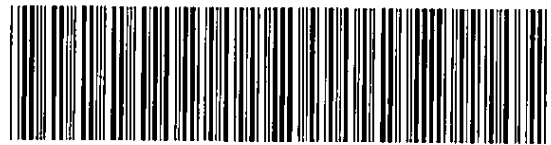
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

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

**SUBJECT:** INNOVA PAINTING AND REMODELING CORP  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_  
Name (Printed or typed)

\_\_\_\_\_ 5061 MYRTLE BAY DR  
Address

\_\_\_\_\_ ORLANDO, FL 32829  
City, State & Zip

\_\_\_\_\_ 786-760-1476  
Daytime Telephone number

\_\_\_\_\_ grupomeyer@aaim.com  
E-mail address: (to be used for future annual report notification)

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**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: INNOVA PAINTING AND REMODELING CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5061 MYRTLE BAY DR  
ORLANDO, FL 32829

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PAINTING, DRYWALL AND REMODELING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL FORY CELADA, PRESIDENT

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

Address 5061 MYRTLE BAY DR

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

ORLANDO, FL 32829

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FL  
STATE

FILED

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: INTERNATIONAL GRUPO MEYER LLC

Address: 3001 ALOMA AVE. SUITE 112

WINTER PARK, FL 32792

**ARTICLE VII INCORPORATOR**

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

Name: DANIEL FORY CELADA

Address: 5061 MYRTLE BAY DR

ORLANDO, FL 32829

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/03/2024 (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 used 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

06/03/2024

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.*

Daniel Fory Celada

Required Signature/Incorporator

06/03/2024

Date

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DEPARTMENT OF STATE