

P24000058875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

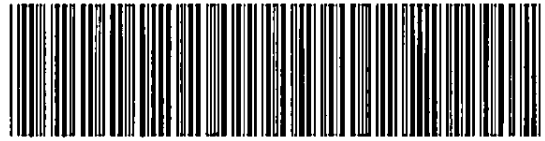
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000113236

Office Use Only



700433982167

08/01/24--01018--022 **78.75

FILED
2024 SEP 11 AM 1:28
SECURITY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2024 SEP 11 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

August 12, 2024

EVELYN GOMEZ
119 NE SIXTH AVENUE
BOYNTON BEACH, FL 33435 US

SUBJECT: MERAKI PAINTING INC.
Ref. Number: W24000113236

We have received your document for MERAKI PAINTING INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

Letter Number: 224A00017784

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SUKHA PAINTING CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
119 NE Sixth Ave

Mailing address, if different is:

Boynton Beach FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting exterior and interior

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evelyn Gomez

Name and Title: President / Treasurer

Address: 119 NE Sixth Ave
Boynton Beach
FL 33435

Address: _____

Name and Title: Carlos Gutierrez

Name and Title: Vicepresident / Secretary

Address: 119 NE Sixth
Ave, Boynton
Beach FL 33435

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK 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: Evelyn Gómez

Address: 119 NE Sixth Ave
Boynton Beach FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Evelyn Gómez

Address: 119 NE Sixth Ave
Boynton Beach FL 33435

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TALLAHASSEE, FLORIDA

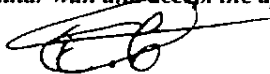
ARTICLE VIII EFFECTIVE DATE:

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.

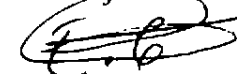
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature/Registered Agent

09-06/2024
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.



Required Signature/Incorporator

09-06-2024
Date