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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EA PIGMENTS SOUTHEAST CORPORATION

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

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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:** EA PIGMENTS SOUTHEAST CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

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**FROM:** Chad Muney, Esq.

Name (Printed or typed)

2455 E. Sunrise Blvd., Suite 200

Address

Fort Lauderdale, FL 33304

City, State & Zip

954-776-3800

Daytime Telephone number

jrezende@capigments.com

E-mail address: (to be used for future annual report notification)

**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: EA PIGMENTS SOUTHEAST CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1020 NE 43rd Ct.

Oakland Park, FL 33334

Mailing address, if different is:

22 SOUTHERN BLVD

NECONSET, NY 11767

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOSEPH REZENDE D. P.

Address 4250 GALT OCEAN DRIVE

#8U

FORT LAUDERDALE, FL 33308

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

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

Name and Title: JOAN REZENDE SEC

Address 4250 GALT OCEAN DRIVE

#8U

FORT LAUDERDALE, FL 33308

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

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

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

Address \_\_\_\_\_

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

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

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CLERK OF STATE  
TALLAHASSEE, FL

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: JOSEPH REZENDE

Address: 1020 NE 43rd Ct.

Oakland Park, FL 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH REZENDE

Address: 1020 NE 43rd Ct.

Oakland Park, FL 33334

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

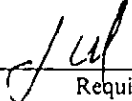
**ARTICLE VIII EFFECTIVE DATE:**

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.)

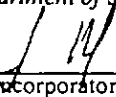
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/29/2024  
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

10/29/2024  
Date