

P950000/2582

DATE FEBRUARY 11, 1995

SECRETARY OF STATE
CORPORATION DIVISION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32304

FILED 14415031
02/14/95 101017-0081
***122.50 ***122.50

RE: SANTA ROSA PAINTING, INC.
(Name of Corporation)

GENTLEMEN:

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER
WITH A COPY OF SAID ARTICLES FOR SANTA ROSA PAINTING, INC.
(Name of Corporation)
AND OUR CHECK IN THE AMOUNT AS FOLLOWS:

FILING FEE	\$ 35.00
CERTIFIED COPY	52.50
REGISTERED AGENT	35.00
Total	\$122.50

02 FEB 13 AM 8:07

RESPECTFULLY SUBMITTED,

RAFAEL LOZANO

(Individual's Name)

SANTA ROSA PAINTING, INC.
(Name of Corporation)

CERTIFICATE OF INCORPORATION

-of-

SANTA ROSA PAINTING, INC.

We, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

SANTA ROSA PAINTING, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is ONE HUNDRED (100) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

RECEIVED
OCT 19 11 56:07

The initial street address of the principal office of the corporation shall be:

10379 SW 209TH LANE MIAMI, FL 33189

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member of the first Board of Directors of this Corporation are as follows:

RAFAEL LOZANO	10379 SW 209TH LANE	MIAMI, FL 33189
ELBA HERNANDEZ	10379 SW 209TH LANE	MIAMI, FL 33189

ARTICLE IX

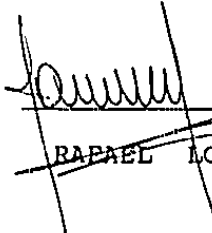
The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

RAFAEL LOZANO	10379 SW 209TH LANE	MIAMI, FL 33189
ELBA HERNANDEZ	10379 SW 209TH LANE	MIAMI, FL 33189

ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned RAFAEL LOZANO and ELBA HERNANDEZ, being natural persons, competent to contract, have here unto set his/their hands and seal this 10 day of February 1995.



RAFAEL LOZANO



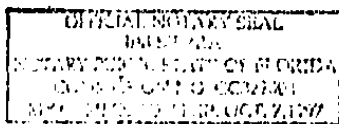
ELBA HERNANDEZ

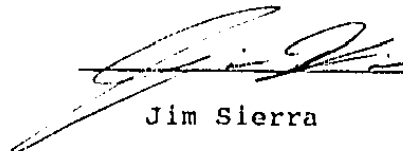
STATE OF FLORIDA) S.S.

COUNTY OF DADE)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared RAFAEL LOZANO and ELBA HERNANDEZ, known and known to me to be the person(s) described herein and who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this 10 day of February, 1995.




Jim Sierra

My Commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:


FIRST THAT SANTA ROSA PAINTING, INC.
(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT 10379 SW 209th LANE MIAMI, FL 33189
(Business Address, City and State)

HAS NAMED RAFAEL LOZANO
(Name of Registered Agent)

LOCATED AT 10379 SW 209th LANE MIAMI, FL 33189
(Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT, TO ACCEPT SERVICE
(City)
OF PROCESS WITHIN FLORIDA.

SIGNATURE 
ELBA HERNANDEZ
(Corporate Officer)

TITLE Pres/Treas.

DATE 2.10.95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 
(REGISTERED AGENT)

DATE 2.10.95

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(NOTE: There is a filing fee of \$3.00 for this certificate)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012582

1. Corporation Name

SANTA ROSA PAINTING, INC.

FILED

96 DEC 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Home Address

10379 SW 209 LN
MIAMI FL 33189

10379 SW 209 LN
MIAMI FL 33189

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

5. FEI Number

65-0558753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PTD	HERNANDEZ, ELBA	10379 SW 209 LN	MIAMI FL 33189
D	LOZANO, RAFAEL	10379 SW 209 LN	MIAMI FL 33189

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOZANO, RAFAEL
10379 SW 209 LN
MIAMI FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)

600002038416--4

State, Apt. #, Etc.

-12/26/96--01035--016

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

(Signature) (PRESIDENT)
REGISTERED AGENT MUST SIGN

Date

12/16/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer, director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

(Signature) (PRESIDENT)
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/16/96