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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

@
12/1/21

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

43:4 PM
2021 NOV 30

FLORIDA PROFIT/NON PROFIT CORPORATION
A THRU Z PAINTING I INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 NOV 30 PM 1:44
SECRET
FALL 2021

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

- **ARTICLE I NAME:** The name of the corporation is:

ATHRUZ PAINTING I INC

- **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4005 SW 125 AVE

MIAMI FLA 33175

ARTICLE III SHARES: The number of shares of stock is: 100

- **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

- OSVALDO ALVAREZ DE LA CAMPA (P)

- ZOLA MARIA PEREZ ALVAREZ DE LA (V)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

OSVALDO ALVAREZ DE LA CAMPA

4005 SW 125 AVE

MIAMI FLA 33175

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

OSVALDO ALVAREZ DE LA CAMPA

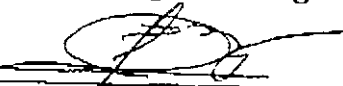
4005 SW 125 AVE

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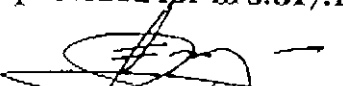
Required Signatures:

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



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.



Incorporator _____ Date

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SECRETARY OF STATE
TALLAHASSEE, FL