

P16000020146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

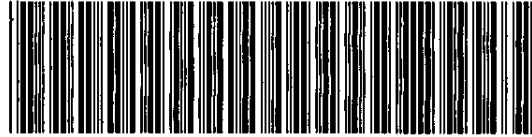
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/26/16--01022--003 **78.75

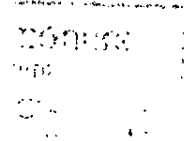
FILED
SECRETARY OF STATE
CORPORATION DIVISION
16 FEB 25 PM 3:29

EFFECTIVE DATE 02/22/16

03/04/16

COVER LETTER

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



SUBJECT: SUPPLIES & SERVICES S23, INC
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: ROSARIO GUTIERREZ
Name (Printed or typed)
18 EUCLID DR
Address
MIAMI SPRINGS, FL 33166
City, State & Zip
786-380-3285
Daytime Telephone number
TAXFASTSOLUTIONS@GMAIL.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: SUPPLIES & SERVICES S23, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
18393 NW 88TH PL
HIALEAH, FL 33018

Mailing address, if different is:
18393 NW 88TH PL
HIALEAH, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELSON R AGUILAR ROJAS/ P
Address: 18393 NW 88TH PL
HIALEAH, FL 33018

Name and Title: ANABELL VILLAFRANCA DE AGUILAR
Address: 18393 NW 88TH PL
HIALEAH, FL 33018
VP.

Name and Title: ZOE N AGUILAR VILLAFRANCA/ S
Address: 18393 NW 88TH PL
HIALEAH, FL 33018

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
CLERK OF STATE
TALLAHASSEE, FL 32399

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: TAX FAST SOLUTIONS, INC
 Address: 18 EUCLID DR
 MIAMI SPRINGS, FL 33166

FILED
 STATE DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 16 FEB 26 PM 3:29

ARTICLE VII INCORPORATOR

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

Name: TAX FAST SOLUTIONS, INC
 Address: 18 EUCLID DR
 MIAMI SPRINGS, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/22/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

[Signature] Required Signature/Registered Agent 02/22/16 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.

[Signature] Required Signature/Incorporator 02/22/16 Date