

P2200003838

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AGONZALEZ@AMEFINANCIALGROUP.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
APOLO QUATRO, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 19 PM 4:42

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H22000024572 3

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COVER LETTER

H22000024572 3

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

SUBJECT: APOLO QUATRO, CORP
(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

FROM: GONZALEZ & ASSOCIATES III PA
Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 107
Address

WESTON, FL 33326
City, State & Zip

954-773-7286
Daytime Telephone number

AGONZALEZ@AMEFINANCIALGROUP.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H22000024572 3

H22000024572 3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: APOLO QUATRO, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
6415 NW 102th PATH APT 207
DORAL, FL 33178-3099Mailing address, if different is:
SAME AS PRINCIPAL ADDRESS**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESSFILED
2012 JAN 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAVIER A. PORTOCARRERO M.

Address

6415 NW 102th PATH APT 207
DORAL, FL 33178-3099Name and Title: PATRICIA PEREIRA GARCIA

Address:

6415 NW 102th PATH APT 207
DORAL, FL 33178-3099Name and Title: PAMELA PORTOCARRERO

Address

6415 NW 102th PATH APT 207
DORAL, FL 33178-3099Name and Title: PAULA PORTOCARRERO

Address:

6415 NW 102th PATH APT 207
DORAL, FL 33178-3099

Name and Title:

Address

Name and Title:

Address:

H22000024572 3

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Name and Title: _____

Name and Title: _____

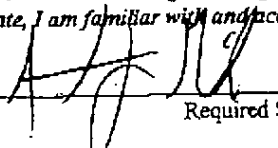
Address _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GONZALEZ & ASSOCIATES III PAAddress: 1820 N CORPORATE LAKES BLVD SUITE 107
WESTON, FL 33326**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JAVIER A. PORTOCARRERO M.Address: 6415 NW 102th PATH APT 207
DORAL, FL 33178-3099FILED
2022 JAN 19 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

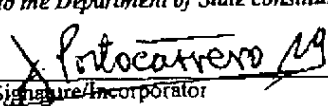
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

01/19/2022

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

01/19/2022

Date

H22000024572 3