

**P230000 44624**  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H23000211505 3)))



H230002115053ABCT

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

From:  
 Account Name : TAX S PRO CORP  
 Account Number : I20200000147  
 Phone : (786)307-2733  
 Fax Number : (954)420-7118

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

Email Address: **INFO@TAXSPRO.COM**

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 GUSTAVADELASMERCEDES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED  
 2023 JUN 12 PM 3:48  
 REGISTRATION  
 COMMERCIAL  
 SERVICES

FILED  
 2023 JUN 12 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 S PRO CORP  
 Address: 8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Address: TAX S PRO CORP  
8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/12/23. (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  
 \_\_\_\_\_  
 Date 06/12/23

*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  
 \_\_\_\_\_  
 Date 06/12/23

FILED  
 2023 JUN 12 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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: **GUSTAVALDELASMERCEDES CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**7870 W 28TH AVE , APT 208**  
**HIALEAH, FL 33018**

**7870 W 28TH AVE , APT 208**  
**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: **PRESIDENT**  
**FERNANDEZ GUZMAN, GUSTAVO MORE**

Address: **7870 W 28th AVE , APT 208**  
**HIALEAH, FL 33018**

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

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

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

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

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**2023 JUN 12 PM 3:25**  
**SECRETARY OF STATE**  
**FLORIDA**

## COVER LETTER

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

**SUBJECT: GUSTAVALDELASMERCEDES 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: TAX S PRO CORP**  
\_\_\_\_\_  
Name (Printed or typed)

**8030 PINES BLVD**  
\_\_\_\_\_  
Address

**PEMBROKE PINES , FLORIDA 33024**  
\_\_\_\_\_  
City, State & Zip

**786-3072733**  
\_\_\_\_\_  
Daytime Telephone number

**INFO@TAXSPRO.COM**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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