

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 : TAX CARE CELEBRATION
Account Number : 120190000007
Phone : (561)873-5007
Fax Number : (321)473-3052

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
AVELAR LEGACY PROPERTIES INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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T.S.H
2/13/24

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February 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX CARE CELEBRATION

SUBJECT: AVELEAR LEGACY PROPERTIES INC
REF: W24000023372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000055612
Letter Number: 024A00003091

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: AVELAR LEGACY PROPERTIES 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: TAX CARE CELEBRATION
Name (Printed or typed)

1400 NW 107TH AVE STE 203
Address

SWEETWATER, FLORIDA 33172
City, State & Zip

(786) 878-0957
Daytime Telephone number

jessica.torres@taxcareinc.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 12 PM 1:21
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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: AVELAR LEGACY PROPERTIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1192 WEST REDDING ST

Mailing address, if different is:
1192 WEST REDDING ST

HERNANDO, FLORIDA 34442

HERNANDO, FLORIDA 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Primarily Real Estate and any other lawful
business for which a corporation may be organized in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Avelar, President Name and Title: _____
Address: 1192 WEST REDDING ST Address: _____
HERNANDO, FLORIDA 34442 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: YULITZA M AGUIRRE
 Address: 7800 SAND LAKE RD. STE 208
ORLANDO, FLORIDA 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAX CARE CELEBRATION
 Address: 1400 NW 107TH AVE STE 203
SWEETWATER, FLORIDA 33172

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

Yulitza M. Aguirre 02/09/2024
 Required Signature/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.

Roger Avelar 02/09/2024
 Required Signature/Incorporator Date

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 TALLAHASSEE, FLORIDA