

N12000010085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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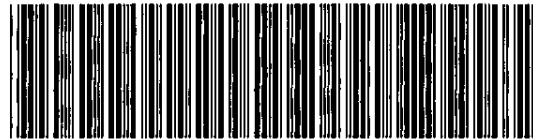
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 23 PM 1:12

Ps 10/24/12

COVER LETTER

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

SUBJECT: RANCHO LAS PALMAS, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: HECTOR TORRES
Name (Printed or typed)

5150 N 22 ST
Address

TAMPA, FL 33610
City, State & Zip

813-263-5030
Daytime Telephone number

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

RANCHO LAS PALMAS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5909 HARTFORD ST

TAMPA, FL 33619

Mailing address, if different is:

5150 N 22 ST

TAMPA, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOCIAL AND CULTURAL ACTIVITIES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ELECTION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR TORRES, PRESIDENT

Address: 5150 N 22 ST
TAMPA, FL 33610

Name and Title: _____

Address: _____

Name and Title: HECTOR TORRES, TREASURER

Address: 5150 N 22 ST
TAMPA, FL 33610

Name and Title: _____

Address: _____

Name and Title: HECTOR TORRES, SECRETARY

Address: 5150 N 22 ST
TAMPA, FL 33610

Name and Title: _____

Address: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
OCT 23 PM 1:12

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HECTOR TORRES

Address: 5150 N 22 ST
TAMPA, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR TORRES

Address: 5150 N 22 ST
TAMPA, FL 33610

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

Hector Torres

Required Signature of Registered Agent

10-19-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Hector Torres

Required Signature of Incorporator

10-19-2012

Date