

6/22/23, 2:39 PM

N23000007617

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000223288 3)))



H2300022328834BC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PALMETTO TRAILER ESTATES ASSOCIATION, INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED

2023 JUN 22 PM 3:33

CORPORATIONS
COMMERCIAL
SERVICES

2023 JUN 22 PM 4:17

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: PALMETTO TRAILER ESTATES ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3205 W 16th Avenue, Lot B-33, Hialeah, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ADMINISTER EXPEDIENTLY THE AFFAIRS OF THE NOT
FOR PROFIT CORPORATION ACCORDING TO THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF
FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY MAJORITY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ORLANDO VELO</u>	Name and Title:	<u>RENAY BERMUDEZ</u>
Address	<u>PRESIDENT AND DIRECTOR</u>	Address:	<u>VICE-PRESIDENT AND DIRECTOR</u>
	<u>3205 W 16TH AVE LOT B-29</u>		<u>3205 W 16TH AVE LOT C-54</u>
	<u>HIALEAH, FL 33012</u>		<u>HIALEAH, FL 33012</u>
Name and Title:	<u>PABLO RIVERA</u>	Name and Title:	
Address	<u>TREASURER AND DIRECTOR</u>	Address:	
	<u>3205 W 16TH AVE LOT C-45</u>		
	<u>HIALEAH, FL 33012</u>		
Name and Title:		Name and Title:	
Address		Address:	

2023 Jun 22 PM 14:17

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
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: ORLANDO VELO
 Address: 3205 W 16TH AVE LOT B-29
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORLANDO VELO
 Address: 3205 W 16TH AVE LOT B-29
HIALEAH, FL 33012

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:

Orlando Velo
 ORLANDO VELO Required Signature of Registered Agent

6/20/2023
 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 §817.155, F.S.

Orlando Velo
 ORLANDO VELO Required Signature of Incorporator

6/20/23
 Date

2023 JUN 20 PM 4:17
 110011