

P020000128528

TRANSMITTAL LETTER

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

200008170212--6
-10/03/02--01015--012
*****78.75 *****78.75

SUBJECT:

JOSEPH A. TORRES, ~~INC.~~ 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

JOSEPH A. TORRES

Name (Printed or typed)

PO Box 870

Address

CLARCONA FL 32710

City, State & Zip

407-538-4947

Daytime Telephone number

407-814-8232

02 DEC -5 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

VF



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 7, 2002

JOSEPH A. TORRES
P.O. BOX 870
CLARCONA, FL 32710

SUBJECT: JOSEPH A. TORRES, INC.
Ref. Number: W02000028837

We have received your document for JOSEPH A. TORRES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filing Section

Letter Number: 202A00056040

ARTICLES OF INCORPORATION

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

FILED

02 DEC -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

JOSEPH A. TORRES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**191 SUMMERSET DRIVE, APOPKA FL 32712
P.O. BOX 870 CLARCONA FL 32710**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE REAL-ESTATE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**JOSEPH A TORRES
191 SUMMERSET DRIVE
APOPKA FL 32712**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**JOSEPH A. TORRES
PO BOX 870, CLARCONA, FL 32710**

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

Signature/Registered Agent

Date

11/26/02

Signature/Incorporator

Date

5/12/02