

P04000012261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

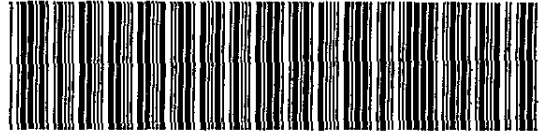
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800025848548

01/12/04--01030--005 \*\*78.75

FILED  
04 JAN 12 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. Cavallotto JAN 20 2004

## TRANSMITTAL LETTER

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

SUBJECT: WELL DONE COMPANY, 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: WELL DONE COMPANY, INC.

Name (Printed or typed)

2150 N.W. 19TH TERRACE, STE. # 4

Address

MIAMI, FL. 33125

City, State & Zip

305- 545-6273

Daytime Telephone number

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

**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:

WELL DONE COMPANY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2150 N.W. 19TH TERRACE, STE. #4  
MIAMI, FL. 33125

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

UNE HUNDRED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PRESIDENT: HECTOR MATUTE  
VICE-PRESIDENT: HECTOR MATUTE  
SECRETARY: HECTOR MATUTE  
TREASURER: HECTOR MATUTE

**ARTICLE VI REGISTERED AGENT**

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

MARIA A. RYALS  
9101- C S.W. 19TH PLACE  
FORT LAUDERDALE, FL. 33324

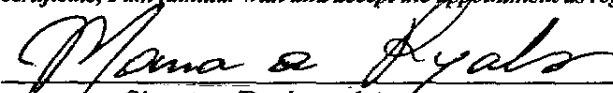
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

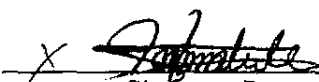
HECTOR MATUTE  
2150 N.W. 19TH TERRACE, STE # 4  
MIAMI, FL. 33125

\*\*\*\*\*

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

1-9-04  
Date

X   
\_\_\_\_\_  
Signature/Incorporator

1-9-04  
Date

FILED  
04 JAN 12 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA