

P04000151985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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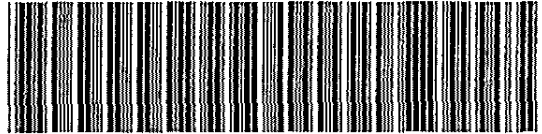
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/5

TRANSMITTAL LETTER

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

SUBJECT: FABIO SALCEDO P.A.
(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: FABIO SALCEDO
Name (Printed or typed)

2236 COUNTRY GOLF DR.
Address

WELLINGTON, FL 33414
City, State & Zip

561-346-5130 / 561-793-3400
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:

FABIO SALCEDO P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2236 COUNTRY GOLF DR
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE TRANSACTIONS
REAL ESTATE BUSINESS IN GENERAL

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FABIO SALCEDO / PRESIDENT

ARTICLE VI REGISTERED AGENT

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

FABIO SALCEDO
2236 COUNTRY GOLF DR
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FABIO SALCEDO
2236 COUNTRY GOLF DR
WELLINGTON, FL 33414

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA