

P06000023033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

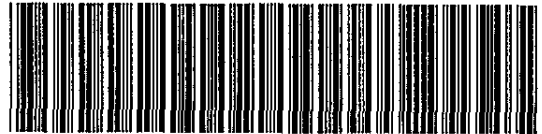
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: VALLE VALDES INC
~~(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)~~

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: ANGEL VALDES -
Name (Printed or typed)
4521 W. PARIS ST
Address
TAMPA, FL. 33614
City, State & Zip
813) 323-8009
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:

VALLE VALDES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4512 W. PARIS ST
TAMPA, FL. 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

ARTICLE IV SHARES

The number of shares of stock is:

100

ONE HUNDRED

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ANGEL VALDES -PRESIDENT
4512 W. PARIS ST
TAMPA, FL. 33614

ARTICLE VI REGISTERED AGENT

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

RALPH PEREZ
10921 AIRVIEW DR.
TAMPA, FL. 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGEL VALDES
4512 W. PARIS ST.
TAMPA, FL. 33614

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

2/4/2006
Date



Signature/Incorporator

2/4/2006
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA