

PO

70024021

(Request)

(Address)

(Address)

(City/State)

☐ PICK-UP

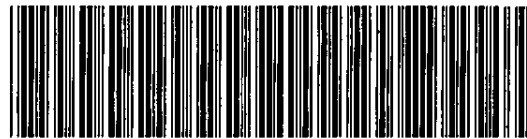
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Certified Copies

Special Instructions to Filing

Office



800087076818

02/05/07--01052--013 **78.75

FILED
07 FEB 21 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE FEB 22 2007

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32302

SUBJECT: WORKING

Enclosed are an original

☐ \$70.00
Filing Fee

FROM: _____

FINANCIAL CORPORATION

CORPORATE NAME - MUST INCLUDE SUFFIX

of the articles of incorporation and a check for:

☐ \$78.75

Filing Fee
& Certified Copy

☐ \$87.50

Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

GILBERT GARCIA

Name (Printed or typed)

1320 NE 130 ST.

Address

NORTH MIAMI, FL. 33161

City, State & Zip

786-271-2109

Daytime Telephone number

Enclose the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2000

GILBERT GARR
1320 NE 130 St
NORTH MIAMI

SUBJECT: WORTH AVENUE
Ref. Number: 007A00009235

FINANCIAL CORPORATION

We have received your
CORPORATION document has

Florida law requires that the
mailing address of the principal
office.

Section 607.01(1), Florida
of incorporation.

Please return to the Division of
this letter, within 30 days.

If you have any questions
(850) 245-6933.

Dale White
Document Specialist
New Filing Section

document for WORTH AVENUE FINANCIAL
(s) totaling \$78.75. However, the enclosed
is being returned for the following correction(s):

Address of the principal office and, if different the
post office box is not acceptable for the principal

20(6)(b), Florida Statutes, requires that articles
incorporator.

copy of your document, along with a copy of
ing will be considered abandoned.

During the filing of your document, please call

Letter Number: 007A00009235

In compliance with Char 60

The name of the corporation sh

FORATION

The principal place of bu ss

ness is:

The purpose for which it

rganized is:

The number of shares of:

AND/OR DIRECTORS

List name(s), address(es)

5)

The name and Floridast

CNT

Box NOT acceptable) of the registered agent is:

The name and address of

Having been named as registrant on certificate, I am familiar with an

ice of process for the above stated corporation at the place designated in this
ent as registered agent and agree to act in this capacity

Signature/Rep. _____

Signature/Incs

2	12	2007
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Date _____

2 | 12 | 2007

Date _____