

Pa700011370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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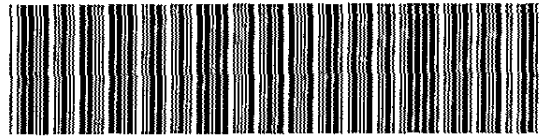
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: C & E Endeavors, 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: Caridad Valera

Name (Printed or typed)

128 Madeira Ave #2

Address

Coral Gables, FL 33134

City, State & Zip

305-962-2896

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:

C & E Endeavors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

128 Madeira Ave #2
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide various professional services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares distributed as follows:
51% to Caridad Valera
49% to Elena Felipe

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Caridad Valera
President
128 Madeira Ave #2
Coral Gables, Florida

Elena Felipe
230 Phoenicia Ave #2
Coral Gables, Florida 33134

ARTICLE VI REGISTERED AGENT

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

Caridad Valera
128 Madeira Ave #2
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

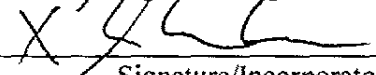
The name and address of the Incorporator is:

Caridad Valera
128 Madeira Ave #2
Coral Gables, FL 33134

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

X 

Signature/Registered Agent

X 

Signature/Incorporator

9/26/07

Date
9/26/07

Date

FILED
07 OCT - 8 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA