

PD8888858632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

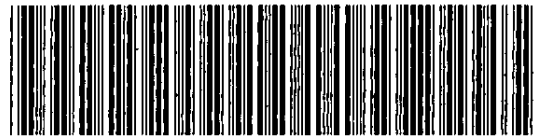
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/17

COVER LETTER

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

SUBJECT: PELAEZ 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: JULIET PELAEZ

Name (Printed or typed)

2121 N BAYSHORE DR APT #1018

Address

MIAMI, FLORIDA 33137

City, State & Zip

305-321-4381

Daytime Telephone number

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

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08 JUN 16 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PELAEZ INC

2121 N BAYSHORE DR APT #1018
MIAMI, FLORIDA 33137

Date _____