

PI0000089970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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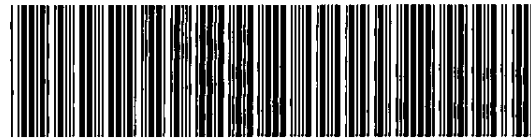
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 NOV - 1 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/5

**COVER LETTER**

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

**SUBJECT: Excellence World 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: Excellence World Inc**

Name (Printed or typed)

**5755 West Flagler St Suite 206**

Address

**Miami, FL 33144**

City, State & Zip

**813 735 7828**

Daytime Telephone number

**kmilovf@yahoo.es**

E-mail address: (to be used for future annual report notification)

**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**

**Excellence World Inc**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5755 West Flagler St Suite 206**  
**Miami, Fl 33144**

Mailing address, if different is:

**Same**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Any Legal Business in the State of Florida**

**ARTICLE IV SHARES**

The number of shares of stock is: **50 Shares no par value**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Camilo Vargas - President**

Address: **634 West 34 ST**  
**Hialeah, Fl 33012**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **Camilo Vargas**

Address: **634 West 34 ST**  
**Hialeah, Fl 33012**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: **Camilo Vargas**

Address: **634 West 34 St**  
**Hialeah, Fl 33012**

*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** \_\_\_\_\_  
Required Signature/Registered Agent

**10/29/10**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

**X** \_\_\_\_\_  
Required Signature/Incorporator

**10/29/10**

Date

**FILED**  
**10 NOV - 1 PM 12:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**