

P10000095250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

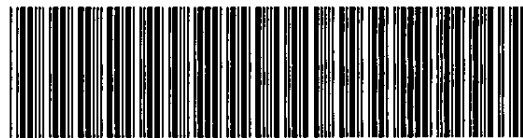
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700187852647

11/19/10--01012--010 **87.50

MRS
11/23

FILED
10 NOV 19 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Bull & Bear Advisory, 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: Ilene M Diaz

Name (Printed or typed)

10 SW South River Drive #1502

Address

Miami, FL 33130

City, State & Zip

305 785-8246

Daytime Telephone number

IDiaz@bullandbearadvisory.com

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Bull & Bear Advisory, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10 SW South River Drive #1502
Miami, FL 33130

Mailing address, if different is:
PO BOX 561867
Miami, FL 33256-1867

10 NOV 19 PM 3: 56

SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business, Financial Markets Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ilene Diaz President
Address: 10 SW South River Drive #1502
Miami, FL 33130

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:

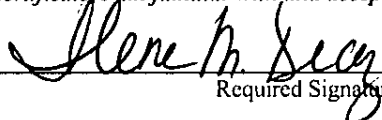
Name: Ilene Diaz
Address: 10 SW South River Drive #1502
Miami, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

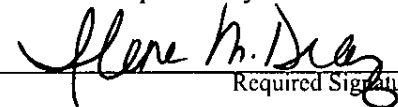
Name: Ilene Diaz
Address: 10 SW South River Drive #1502
Miami, FL 33130

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


Required Signature/Registered Agent

11/17/10
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.


Required Signature/Incorporator

11/17/10
Date