

P11000022392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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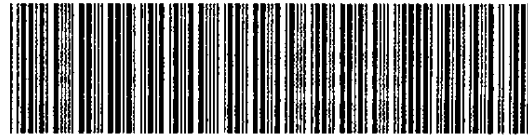
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ALCIDES VILLACAMPA, P.A.

(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: ALCIDES S. VILLACAMPA, P.A.

Name (Printed or typed)

6839 ABBBOTT AVENUE, #4

Address

MIAMI BEACH, FLORIDA 33141

City, State & Zip

305 491 - 3432

Daytime Telephone number

alvillacampa@hotmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **ALCIDES VILLACAMPA. P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6839 ABBOTT AVENUE, #4
MIAMI BEACH, FLORIDA
33141

Mailing address, if different is:

P.O. BOX 416239
MIAMI BEACH, FLORIDA
33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING , FINANCIAL , & REAL ESTATE ADVISOR

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALCIDES S. VILLACAMPA**
Address: **6839 ABBOTT AVE. #4**
MIAMI BEACH, FLORIDA
33141

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: **ALCIDES S. VILLACAMPA**
Address: **6839 ABBOTT AVENUE #4**
MIAMI BEACH, FLORIDA 33141

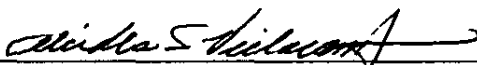
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ALCIDES S. VILLACAMPA**
Address: **6839 ABBOTT AVENUE #4**
MIAMI BEACH, FLORIDA 33141

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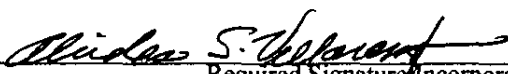
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/05/2011
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

03/05/2011
Date