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TALLAHASSEE, FLORIDA

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)

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TALLAHASSEE, FLORIDA

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:

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 ABOTT 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

Alcides S. Villacampa
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.

Alcides S. Villacampa
Required Signature/Incorporator

03/05/2011
Date