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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 28 2011

COVER LETTER

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

SUBJECT: Mechato and Associates, 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: ANGENORA MECHATO

Name (Printed or typed)

2971 NW 158th Street

Address

MIAMI, FL 33054

City, State & Zip

561-667-7079

Daytime Telephone number

LEGALBEAVERS@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: **MECHATO AND ASSOCIATES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2971 NW 158th Street
MIAMI, FL 33054

Mailing address, if different is:

POB 540544
OPA-LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any legal business in the state of Florida. As a profession corporation.

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: Angenora Mechato, PA | Name and Title: _____ |
| Address: POB 540544 | Address: _____ |
| OPA-LOCKA, FL 33054 | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: **EVAN A. CRAWFORD, Esq.**
Address: **1570 NW 14TH STREET**
MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Angenora Mechato**
Address: **2971 NW 158th Street**
MIAMI, FL 33054

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TALLAHASSEE, FLORIDA

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

3/11/2011
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

3/11/2011
Date