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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PETER BALERIO INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY -3 PM12:03

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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: PETER BALERIO 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: YANELLE M BARINAS

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

305-871-0889

Daytime Telephone number

BARINASB@GMAIL.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 NAMEThe name of the corporation shall be: **PETER BALERIO INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address
18742 NW 24 PL
PEMBROKE PINES, FL 33029

Mailing address, if different is:

18742 NW 24 PL
PEMBROKE PINES, FL 33029**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: **1000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **PETER NUNEZ, PVSTD**
Address: **18742 NW 24 PL**
PEMBROKE PINES, FL 33029Name 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: **PETER NUNEZ**
Address: **18742 NW 24 PL**
PEMBROKE PINES, FL 33029**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **PETER NUNEZ**
Address: **18742 NW 24 PL**
PEMBROKE PINES, FL 33029*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**Peter Nunez*

Required Signature/Registered Agent

05/02/11

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.**Peter Nunez*

Required Signature/Incorporator

05/02/11

Date

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