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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

002317-159320

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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****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
ISABELLE CASTILLO PROFESSIONAL SVCS. CO

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 22 PM 12:07

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12/27/11

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAMEThe name of the corporation shall be: Isabelle Castillo Professional Svcs. Co**ARTICLE II PRINCIPAL OFFICE**Principal street address
15974 SW 97 Terr
Miami, FL 33196Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: all purposes in dealing with translations, notarizations, contract agreement reviews and revisions but not limited to any and all types of clerical and business dealings**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rebecca Castillo Treasurer Name and Title: _____Address: 15974 SW 97 Terr Address: _____
Miami, FL 33196 _____

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: Isabelle CastilloAddress: 15974 SW 97 Terr
Miami, FL 33196**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Isabelle CastilloAddress: 15974 SW 97 Terr
Miami, FL 33196

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

[Signature]
Required Signature/Registered Agent

12/15/11
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.

[Signature]
Required Signature/Incorporator

12/15/11
Date

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