

P/2000004878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

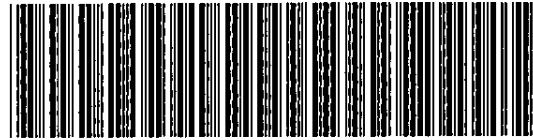
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/13/12

COVER LETTER

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

SUBJECT: Palacios Bouza Corp

(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: Lisette Palcios

Name (Printed or typed)

5701 SW 109th CT

Address

Miami, FL 33173

City, State & Zip

(786) 447-6215

Daytime Telephone number

lispalaciosq@gmail.com

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

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: **Palacios Bouza Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5701 SW 109th CT
Miami, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
the purpose of this corporation is for investment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisette Palacios Gonzalez	Name and Title: _____
Address: 5701 SW 109th CT	Address: _____
Miami, FL 33173	_____
_____	_____
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: **Lisette Palacios Gonzalez**
Address: **5701 SW 109th CT**
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Lisette Palacios Gonzalez**
Address: **5701 SW 109th CT**
Miami, FL 33173

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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

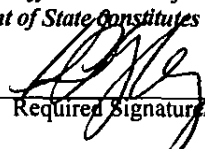


Required Signature/Registered Agent

01/09/2012

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

01/09/2012

Date