

P12000022017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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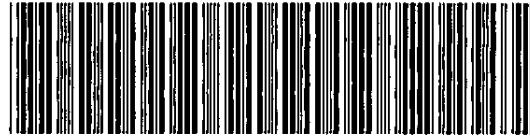
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -5 PM 1:08

Ps 3/6/12

COVER LETTER

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

SUBJECT: PACE CITY FUNDING, 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: PEDRO FARINAS

Name (Printed or typed)

1580 SAWGRASS CORPORATE PARKWAY, STE 130

Address

SUNRISE, FLORIDA 33323

City, State & Zip

754-223-7242

Daytime Telephone number

PFARINAS@PACECITYFUNDING.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **PACE CITY FUNDING, INC.**

12 MAR -5 PM 1:08

ARTICLE II PRINCIPAL OFFICE

Principal street address
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PEDRO FARINAS</u>	Name and Title:	_____
Address:	<u>16686 GOLFVIEW DRIVE</u>	Address:	_____
	<u>WESTON, FL 33326</u>		_____

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: PEDRO FARINAS
Address: 16686 GOLFVIEW DRIVE
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO FARINAS
Address: 16686 GOLFVIEW DRIVE
WESTON, FL 33326

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

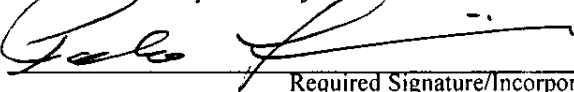


Required Signature/Registered Agent

3/1/12

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

3/1/12

Date