

P120000058593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Steve Z. ONE

AUTHORIZATION BY PHONE TO

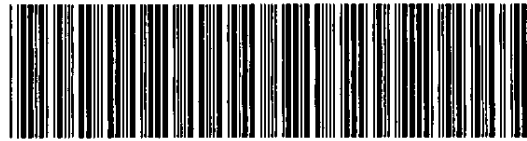
CORRECT Share #

DATE 7/2/13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UH

COVER LETTER

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

SUBJECT: High Point Training Services 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: Moises Estevez
Name (Printed or typed)

P.O. Box 562765
Address

MIAMI, FL 33256
City, State & Zip

786-853-1409
Daytime Telephone number

NSF15@netzero.net
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: High Point Training Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16411 SW 101 AVE
MIAMI, FL 33157

Mailing address, if different is:
PO Box 562765
MIAMI, FL 33256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A training and customer service company

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOISES ESTEVEZ owner
Address: PO Box 562765
MIAMI, FL 33256

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
JUN 29 PM 2 07
FILED

ARTICLE VI REGISTERED AGENT

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

Name: MOISES ESTEVEZ
Address: 16411 SW 101 AVE
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOISES ESTEVEZ
Address: PO Box 562765
MIAMI, FL 33256

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

6/27/12

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

6/27/12

Date