

P120000064634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

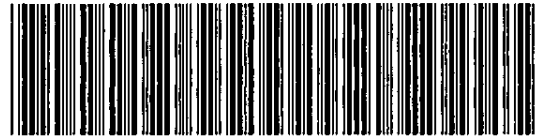
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/12--01019--014 **87.50

FILED
JUL 24 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Number One Team, 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: Nelly Trujillo

Name (Printed or typed)

645 Lemonwood Court

Address

Altamonte Springs, FL 32714

City, State & Zip

(407) 234-0451

Daytime Telephone number

nellytrujillo@yahoo.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: Number One Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
645 Lemonwood Court
Altamonte Springs, FL 32714

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12 JUL 24 AM 10:20
SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is for commission based services.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred Shares (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nelly Trujillo, Director</u>	Name and Title: _____
Address: <u>645 Lemonwood Court</u>	Address: _____
<u>Altamonte Springs, FL 32714</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: Nelly Trujillo, Director
Address: 645 Lemonwood Court
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

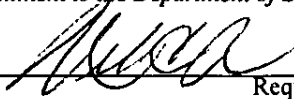
Name: Nelly Trujillo, Director
Address: 645 Lemonwood Court
Altamonte Springs, FL 32714

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

7/22/12
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

7/22/12
Date