

PI 200079838

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 19 AM 10:58

JS 9/20/12

## COVER LETTER

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

SUBJECT: Pello's Enterprises Holdings, 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~~ <sup>9625</sup> Filing Fee,  
2 Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Patricia Cintron

Name (Printed or typed)

9517 Southern Garden Circle

Address

Altamonte Springs, FL 32714

City, State & Zip

407-218-2477

Daytime Telephone number

patriciacintron@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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Pello's Enterprises Holdings, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
9517 Southern Garden Circle  
Altamonte Springs, FL 32714

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pedro Luis Colon, President  
Address: 9517 Southern Garden Circle  
Altamonte Springs, FL 32714

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Patricia Cintron, Vice President  
Address: 9517 Southern Garden Circle  
Altamonte Springs, FL 32714

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Patricia Cintron  
Address: 9517 Southern Garden Circle  
Altamonte Springs, FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Patricia Cintron  
Address: 9517 Southern Garden Circle  
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

9/17/12  
\_\_\_\_\_  
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

9/17/12  
\_\_\_\_\_  
Date