

P/3000026252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

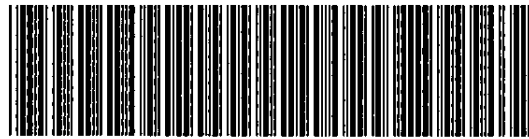
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/21/13

COVER LETTER

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

SUBJECT: **Villas Del Campo Recovery, 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: **William Leon**

Name (Printed or typed)

8245-5 NW 36 ST

Address

Miami, FL 33166

City, State & Zip

305-599-0066

Daytime Telephone number

leonvilhelm@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: Villas Del Campo Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8245-5 NW 36 ST

Miami, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Leon (President)

Address: 8245-5 NW 36 ST
Miami, FL 33166

Name and Title: Juan Pug (Secretary)

Address: 8245-5 NW 36 ST
Miami, FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

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: William Leon
Address: 8245-5 NW 36 ST
Miami, FL 33166

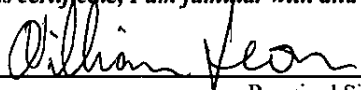
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

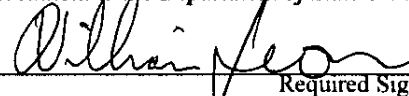
Name: William Leon
Address: 8245-5 NW 36 ST
Miami, FL 33166

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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 3/9-16-2013 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 3/9-16-2013 Date