

P130000030753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

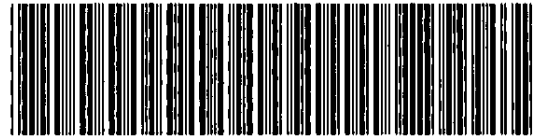
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/13--01015--024 **70.00

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13 APR -3 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
4/4/13

COVER LETTER

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

SUBJECT: Guerra Financial Group, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sebastian Guerra

Name (Printed or typed)
6401 SW 87 Ave, Suite 102

Address
Miami, FL, 33173

City, State & Zip
305-448-1011

Daytime Telephone number
sebastian@guerrafinancial.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

Guerra Financial Group, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

6401 SW 87 Ave, Suite 102

Miami, FL

33173

ARTICLE III PURPOSE

Any and all lawful business.

The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sebastian Guerra, President

Name and Title: _____

Address: 6401 SW 87 Ave, Suite 102

Address: _____

Miami, FL

33173

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

13 APR -3 AMH: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Sebastian Guerra

Name: _____

6401 SW 87 Ave, Suite 102

Address: _____

Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sebastian Guerra

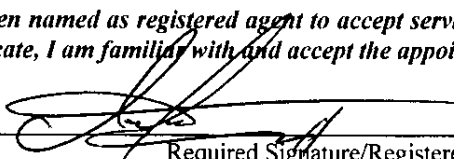
Name: _____

6401 SW 87 Ave, Suite 102

Address: _____

Miami, FL , 33173

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

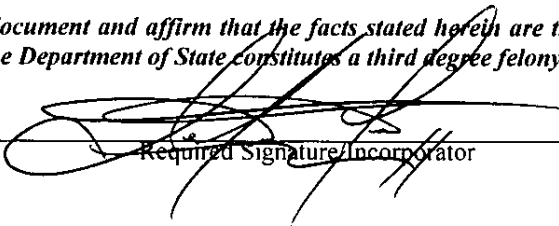


Required Signature/Registered Agent

4-1-13

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

4-1-13

Date