

P13000043250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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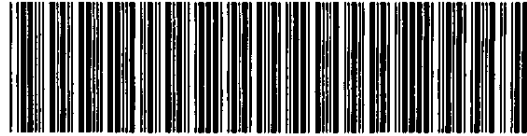
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 13 PM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/17

COVER LETTER

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

SUBJECT: **CAR-VAL, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Carlos E. Valdivieso SR**

Name (Printed or typed)

9874 Hammocks Blvd. Unit 103

Address

Miami, FL 33196

City, State & Zip

786-348-8334

Daytime Telephone number

cavaldi_1@hotmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: CAR-VAL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9874 Hammocks Blvd. Unit 103

Miami, FL 33196

13 MAY 13 PM 5:36

Mailing address, if different, is
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos E. Valdivieso SR

Name and Title: _____

Address P.S.T.

Address: _____

9874 Hammocks Blvd.
Unit 103, Miami, FL 33196

Name and Title: Carlos A. Valdivieso JR

Name and Title: _____

Address VP

Address: _____

9874 Hammocks Blvd.
Unit 103, Miami, FL 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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Name and Title: _____ Name and Title: 13 MAY 13 PM 5:36
Address: _____ Address: 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:

Name: Carlos A. Valdivieso JR
Address: 9874 Hammocks Blvd.
Unit 103, Miami, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos E. Valdivieso SR
Address: 9874 Hammocks Blvd.
Unit 103, Miami, FL 33196

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 05/08/13
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 05/08/13
Date