

P130000061909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

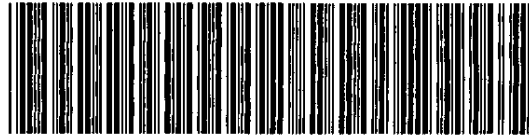
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200249993002

07/22/13--01031--004 **87.50

13 JUL 22 PM 3:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/25

8

COVER LETTER

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

SUBJECT: PACHECO UNIVERSAL 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 ☐ \$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: REGULO ANTHONY PACHECO
Name (Printed or typed)

42A DOLPHIN DR
Address

TREASURE ISLAND, FL 33706
City, State & Zip

813-260-0327
Daytime Telephone number

REGULOAPACHECO@GMAIL.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: PACHECO UNIVERSAL HOLDINGS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

42A DOLPHIN DR

TREASURE ISLAND, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REGULO A. PACHECO, PRESIDENT, Name and Title: CHRISTINA ZUCCARO, VP, S

Address 42A DOLPHIN DR
TREASURE ISLAND, FL 33706

Address: CONCOURSE CENTER 4
3507 E. FRONTAGE RD., STE 200
TAMPA, FL 33607

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 JUN 22 PM 3:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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: Christina Zuccaro

Address: Concourse Center 4

3507 E. Frontage Rd., Suite 200
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina Zuccaro

Address: Concourse Center 4

3507 E. Frontage Rd., Suite 200
Tampa, FL 33607

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

Christina Zuccaro
Required Signature/Registered Agent

7/18/13
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.

Christina Zuccaro
Required Signature/Incorporator

7/18/13
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 22 PM 3:40