

P140000003640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

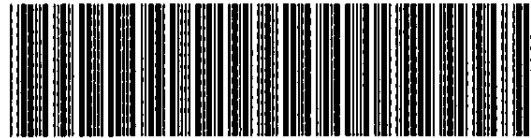
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN -9 PM 2:25

1/4

COVER LETTER

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

SUBJECT: Allcall1 Corp.

(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: Waldo Faura

Name (Printed or typed)

528 SW 88 Pl east

Address

Miami Fl 33174

City, State & Zip

305-772-3940

Daytime Telephone number

walfau@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: AllCall1 Corp.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

528 SW 88 Place East

Same

Miami Fl 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Media & Communication Promotion

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Waldo Faura President

Name and Title: _____

Address 528 SW 88 Pl East

Address: _____

Miami Fl 33174

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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DIVISION OF CORPORATION

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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: Waldo Faura
Address: 528 SW 88 PI East
Miami FI 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Waldo Faura
Address: 528 SW 88 PI East
Miami FI 33174

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

Waldo Faura Waldo Faura
Required Signature/Registered Agent

01-07-14

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.

Waldo Faura Waldo Faura
Required Signature/Incorporator

01-07-14

Date