

PI4000031802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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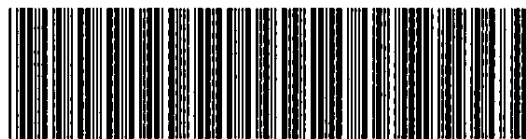
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR - 7 PM 1:03

W141608

Signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 APR -7 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 2014

should be I not J
HANSEL OZQUIERDO
10003 NW 9TH STREET CIRCLE
UNIT 9
MIAMI, FL 33172

incorrect it is an I not a J
SUBJECT: OZQUIERDO TRAINING SERVICES, CORP.
Ref. Number: W14000016080

Incorrect it is I NOT J
We have received your document for OZQUIERDO TRAINING SERVICES, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 614A00005438

COVER LETTER

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

SUBJECT: IZQUIERDO TRAINING SERVICES 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: HANSEL IZQUIERDO
Name (Printed or typed)

10003 NW 9th St Cir. Unit 9
Address

Miami, FL 33172
City, State & Zip

305-915-2160
Daytime Telephone number

ihabara1977@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:

Izquierdo Training Services, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10003 NW 9th St Cir
Unit 9
Miami, FL 33172

⇒

SAME.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide personal
training

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

HANSEL Izquierdo

Name and Title:

Address

10003 NW 9th St Cir

Address:

Unit 9

Miami, FL 33172

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

14 APR -7 PM 1:03
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: HANSEL IZQUIERDO

Address: 10003 NW 9th St Cir #9
MIAMI, FL 33170

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HANSEL IZQUIERDO

Address: 10003 NW 9th St Cir #9
MIAMI, FL 33170

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

HANSEL IZQUIERDO
Required Signature/Registered Agent

3/6/14
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.

HANSEL IZQUIERDO
Required Signature/Incorporator

3/6/14
Date