

PH000041281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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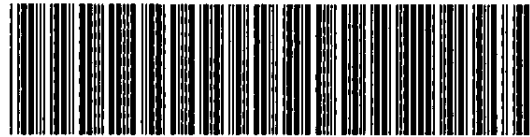
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY -8 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W4-24928

## COVER LETTER

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

SUBJECT: **FALCON 22 CORPORATION**

(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: **SILVIA VILLATE**

Name (Printed or typed)

**3309 NW 7th ST**

Address

**MIAMI FL, 33125**

City, State & Zip

**305-642-1741**

Daytime Telephone number

**svillate@hotmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2014

SILVIA VILLATE  
3309 NW 7TH ST  
MIAMI, FL 33127

SUBJECT: FALCON 22 CORP.  
Ref. Number: W14000024928

We have received your document for FALCON 22 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 214A00008405

**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: FALCON 22 CORP.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

3309 NW 7TH ST, MIAMI, FL 33125

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TO PERFORM ANY LEGAL BUSINESS TRANSACTION.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100 SHARES NO PAR VALUE

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDUARDO CARLOS PRESIDENT

Address: 10803 NW 3 COURT  
PEMBROKE PINES, FL  
33026. PRESIDENT

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: SERGIO CARLOS VICE-PRESIDENT

Address: 10803 NW 3 COURT  
PEMBROKE PINES.FL  
33026

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

name: EDUARDO CARLOS

Address: 10803 NW 3 COURT

PEMBROKE PINES FL, 33026

**ARTICLE VII INCORPORATOR**

name and address of the Incorporator is:

Name: EDUARDO CARLOS

Address: 10803 NW 3 COURT

PEMBROKE PINES FL, 33026

*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

04-12-2014

\_\_\_\_\_  
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

04-12-2014

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA