

PI4 000053886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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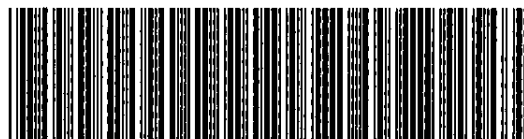
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 19 AM 9:05

~~PI4 000053886~~
6/20 em

COVER LETTER

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

SUBJECT: PAISA 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
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: Pierre J. Moscoso

Name (Printed or typed)

P. O. Box 330417

Address

Atlantic Beach, FL. 32233

City, State & Zip

904-755-8637

Daytime Telephone number

pmlizardking@yahoo.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

June 4, 2014

PIERRE J. MOSCOSO
P.O. BOX 330417
ATLANTIC BEACH, FL 32233

SUBJECT: PAISA, INC.
Ref. Number: W14000034656

We have received your document for PAISA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

The specific business purpose of the professional association must be stated in the document.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 214A00012037

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: PAISA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

181 Prindle Dr. E.

Jacksonville, FL. 32225

Mailing address, if different is:

P. O. Box 330417

Atlantic Beach, FL. 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES 1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pierre J. Moscoso - President

Address P. O. Box 330417

Atlantic Beach, FL. 32233

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 19 AM 9:05

(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: Priscilla D. Mills

Address: 13112 Leatherleaf Dr. S.

Jacksonville, FL. 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pierre J. Moscoso

Address: 181 Prindle Dr. E.

Jacksonville, FL 32225

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

Priscilla D. Mills

Required Signature/Registered Agent

6/12/2014

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.

Pierre J. Moscoso
Required Signature/Incorporator

6/13/2014

Date