

P14000057190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

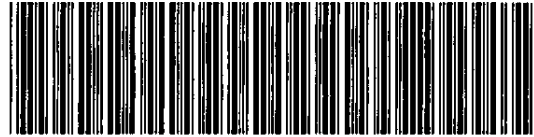
(Business Entity Name)

(Document Number)

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

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07/02/14--01012--007 \*\*70.00

14 JUL -2 AM 10:13

CLERK  
DIVISION OF REVENUE

## COVER LETTER

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

**SUBJECT: HIGH SHOTS 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: JORGE ALVAREZ**

Name (Printed or typed)

**27401 SW 164 AVE**

Address

**HOMESTEAD FL 33031**

City, State & Zip

**305 245 0907**

Daytime Telephone number

**ACEREALESTATE@AOL.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: **HIGH SHOTS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**27401 SW 164 AVE**

**HOMESTEAD FL 33031**

14 JUL - 2 10:18  
MAILING ADDRESS, IF DIFFERENT

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: **JORGE ALVAREZ PRESIDENT**

Address **27401 SW 164 AVE**

**HOMESTEAD FL 33031**

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

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

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

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

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

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

(cont.)

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: JORGE ALVAREZ

Address: 27401 SW 164 AVE

HOMESTEAD FL 33031

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JORGE ALVAREZ

Address: 27401 SW 164 AVE

HOMESTEAD FL 33031

*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*

Jorge Alvarez  
Required Signature/Registered Agent

06/28/14  
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.*

Jorge Alvarez  
Required Signature/Incorporator

06/28/14  
Date