

P14000076313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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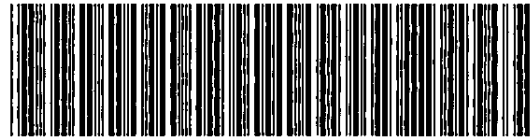
(Business Entity Name)

(Document Number)

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

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2014 SEP 12 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 2014

S. GILBERT

## COVER LETTER

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

**SUBJECT:** Noel G Crespo, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Noel Gonzalez crespo

Name (Printed or typed)

6443 State Rd. 60 East - C 100

Address

Lake wales, FL 33898

City, State & Zip

863.676.7100

Daytime Telephone number

nhg1@live.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: Noel G Crespo, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6443 State Rd. 60 E.

C-100

Lake wales, Fl 33898

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful business in state of florida

**ARTICLE IV SHARES**

The number of shares of stock is: 10.000.00

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

Name and Title: Noel G Crespo /D/C/P/ Name and Title: \_\_\_\_\_

Address 6443 state rd. 60 East Address: \_\_\_\_\_

C-100 \_\_\_\_\_

Lake wales, Fl 33898 \_\_\_\_\_

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

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

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

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

(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: Noel Gonzalez creso

Address: 6900 Miami dr. apt 1

Indian Lake estates, Fl 3385

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Noel Gonzalez creso

Address: 6443 state Rd.60 East. C-100

Lake wales, Fl 33898

*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

9/5/2014

\_\_\_\_\_  
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

9/5/2014

\_\_\_\_\_  
Date