

P14000082174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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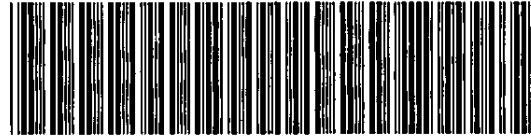
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/14--01003--009 **78.75

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14 OCT - 6 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/07/14

COVER LETTER

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

SUBJECT: EMPRENDER ES RESOLVER, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Hector R. Velasquez
Name (Printed or typed)
702SW 107TH AV.
Address
Pembroke Pines, FL 33025
City, State & Zip
(954)319-9819
Daytime Telephone number
greenraxa@gmail.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: EMPRENDER ES RESOLVER, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

702SW 107TH AV.

Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation may engage in any or all Lawful activities of Business permitted under the Laws of the United States of America, The State of Florida or any other State, Country, Nation or Territory.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 of \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector R. Velasquez

Name and Title: Director

Address 702SW 107TH AV.

Address: _____

Pembroke Pines

Florida, 33025

Name and Title: Hector L. Velasquez

Name and Title: Director

Address 702SW 107TH AV.

Address: _____

Pembroke Pines

Florida, 33025

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Hector R. Velasquez
Address: 702SW 107TH AV.
Pembroke Pines, FL 33025

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hector R. Velasquez
Address: 702SW 107TH AV.
Pembroke Pines, FL 33025

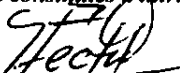
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TALLAHASSEE, FLORIDA

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

10/03/2014
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

10/03/2014
Date