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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/4

## COVER LETTER

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

SUBJECT: **Busquet Group, 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: **Eduardo Busquet**

Name (Printed or typed)

**12157 W. Linebaugh Ave #389**

Address

**Tampa, FL 33626**

City, State & Zip

**888-854-8936**

Daytime Telephone number

**ed@busquetgroup.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: Busquet Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12157 W. Linebaugh Ave #389

Tampa, FL 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For profit corporation

**ARTICLE IV SHARES**

The number of shares of stock is: one

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

Name and Title: Eduardo Busquet, President

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

Address 12157 W. Linebaugh Ave #389

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

Tampa, FL 33626

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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STATE OF FLORIDA  
TAMPA

(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: Eduardo Busquet

Address: 12157 W. Linebaugh Ave #389

Tampa, FL 33626

**ARTICLE VII INCORPORATOR**

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

Name: Eduardo Busquet

Address: 12157 W. Linebaugh Ave #389

Tampa, FL 33626

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DEPARTMENT OF STATE  
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.*

Eduardo Busquet  
Required Signature/Registered Agent

10/27/14  
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.*

Eduardo Busquet  
Required Signature/Incorporator

10/27/14  
Date