

PM4000094723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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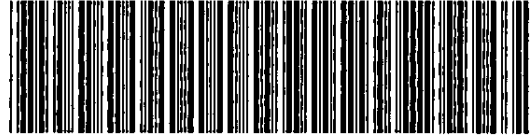
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

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

FROM: **MTA OF OVIEDO FINANCIAL SERVICES INC**

Name (Printed or typed)

2572 ALOMA AVENUE SUITE 1072

Address

OVIEDO, FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@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: EL FALCON CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

275 N JUNGLE RD
GENEVA, FLORIDA 32732-9624

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FABIO GALZIGNATO DUCCI, PRESIDENT

Name and Title: _____

Address 275 N JUNGLE RD
GENEVA, FLORIDA 32732

Address: _____

Name and Title: JORGE HERNANDO CONTRERAS, SECRETARY

Name and Title: _____

Address 275 N JUNGLE RD
GENEVA, FLORIDA 32732

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECURITIES DIVISION
TALLAHASSEE, FLORIDA

(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: MTA OF OVIEDO FINANCIAL SERVICES INC

Address: 2572 ALOMA AVENUE SUITE 1072

OVIEDO, FLORIDA 32765

ARTICLE VII INCORPORATOR

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

Name: JORGE HERNANDO CONTRERAS

Address: 275 N JUNGLE RD

GENEVA, FLORIDA 32732

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

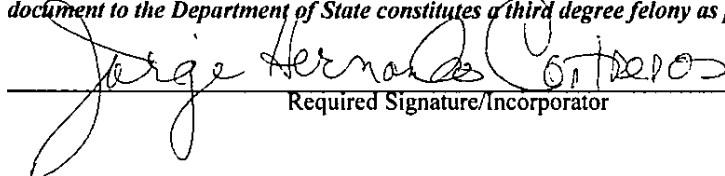


Required Signature/Registered Agent

11/18/14

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.



Required Signature/Incorporator

11/18/14

Date

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