

P15000021210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

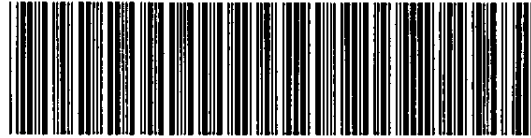
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/17/15--01021--005 \*\*70.00

15 MAR -4 PM 1:54  
STATE  
ATLANTA, FLORIDA

115-12617

MD 35

## COVER LETTER

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

**SUBJECT:** COMPUTER Shop 561  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: Jose R Pineda  
Name (Printed or typed)

1403 Waterview Circle  
Address

Lake Worth Fl 33461

786 380-5385

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Daytime Telephone number

richardp904@gmail.com

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2015

JOSE R. PINEDA  
1403 WATERVIEW CIRCLE  
LAKE WORTH, FL 33461

SUBJECT: COMPUTER SHOP 561  
Ref. Number: W15000012617

We have received your document for COMPUTER SHOP 561 and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I - The Name of the Corporation.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00003631

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:

Computer SHOP 561 INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

450 S. Military trail

unit C

West Palm Beach FL 33415

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Computer sales and Repairs

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Jose R Pineda

Name and Title:

Address 1403 Waterview Circle

Address:

Lake Worth Fl 33461

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Nieve Pineda

Address: 1403 Waterview Circle

West Palm Beach Fl 33461

15 MAR -4 PM 1:54  
DEPARTMENT OF STATE  
ALLAHACSTFLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ~~XXXXXXXXXXXXXXXXXXXX~~ Jose E Pineda  
Address: ~~XXXXXXXXXXXXXXXXXXXX~~ 450 G. Military Trail  
~~XXXXXXXXXXXXXXXXXXXX~~ West Palm Beach Fl  
~~XXXXXXXXXXXXXXXXXXXX~~ 33415

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

[Signature]  
Required Signature/Registered Agent

2-28-15  
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.

[Signature]  
Required Signature/Incorporator

2/28/15  
Date