

P15000027382

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR 23 PM 2:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

12/3/24/15

COVER LETTER

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

SUBJECT: GREAT WONDERS OF PERU, 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: Oliver Bermudez

Name (Printed or typed)

4103 W. Broad St

Address

Tampa, FL 33614

City, State & Zip

813-862-6080

Daytime Telephone number

obermudezfl@gmail.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

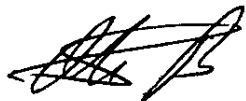
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Corporate Name: Great Wonders of Peru, Inc.

I do not intend to revoke the dissolution of Great Wonders of Peru, Inc.
(document# P12000102105). Please release the business name so that it
becomes available.

Regards,



Oliver Bermudez

3/11/2015

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: GREAT WONDERS OF PERU, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

4103 W. Broad St

Tampa, FL 33614

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell products from Peru.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oliver Bermudez

Name and Title: _____

Address 4103 W. Broad St

Address: _____

Tampa, FL 33614

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:

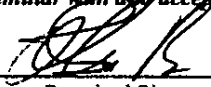
Name: Oliver Bermudez
Address: 4103 W. Broad St
Tampa, Fl 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oliver Bermudez
Address: 4103 W. Broad St
Tampa, Fl 33614

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

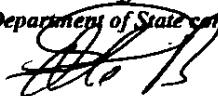


Required Signature/Registered Agent

3/11/15

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.



Required Signature/Incorporator

3/11/15

Date

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TALLAHASSEE, FLORIDA