

Mar 26 2015 11:41AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150000759213ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TELEDORAL INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

*03/27/15*

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DIVISION OF CORPORATIONS

15 MAR 26 AM 11:37

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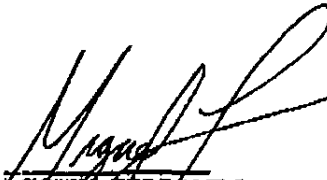
## AFFIDAVIT

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DIVISION OF CORPORATIONS  
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BEFORE ME, the undersigned authority, on this day personally appeared MIGUEL FERRANDO, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the President of TELEDORAL INC. a Florida corporation to be filed with the Florida Department of State on or about MARCH 25<sup>TH</sup> 2015
2. The undersigned hereby consents to and authorizes the use by MIGUEL FERRANDO of the name TELEDORAL INC.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

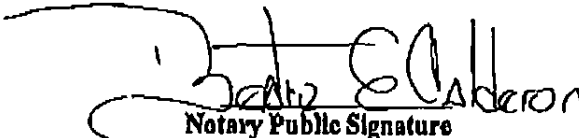
FURTHER AFFIANT SAYETH NAUGHT.

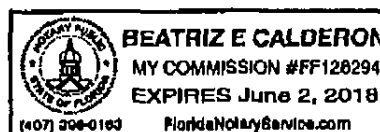
  
MIGUEL FERRANDO  
TELEDORAL INC.

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, MIGUEL FERRANDO, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 25 day of MARCH, 2015

  
Notary Public Signature



**COVER LETTER**

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

**SUBJECT: TELEDORAL 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: JAMES GONZALEZ**

Name (Printed or typed)

**3650 NW 82ND AVE SUITE#404**

Address

**DORAL, FL 33166**

City, State & Zip

**305 406 3800**

Daytime Telephone number

**ATPLUS@LIVE.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** **TELEDORAL INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

3650 NW 82ND AVE

SUITE#404

DORAL, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** **100**

The number of shares of stock is:

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

Name and Title: **Miguel Ferrando President**

Name and Title:

Address

3650 NW 82nd ave

Address:

suite#404

Doral, Fl 33166

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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No. 6788 P. 5/5

(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:

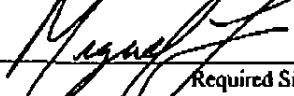
Name: Miguel Ferrando  
Address: 3650 NW 82nd ave suite#404  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Miguel Ferrando  
Address: 3650 NW 82nd ave suite#404  
Doral, FL 33166

*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

3/26/2015  
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

3/25/2015  
Date

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