

P15000029374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

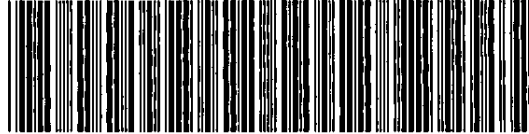
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271034203

03/27/15--01002--006 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 27 PM 4:09

APPROVAL
AND
FILED

1/6

COVER LETTER

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

SUBJECT: **GABY PULGAR, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Maria Gabriela Pulgar**

Name (Printed or typed)

1845 Palm Cove Blvd Apt. 104

Address

Delray Beach, Florida 33445

City, State & Zip

(754) 207-1419

Daytime Telephone number

mgpr255@gmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GABY PULGAR, INC.

15 MAR 27 PM 4:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

1845 Palm Cove Blvd Apt. 104
Delray Beach, Florida 33445

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Gabriela Pulgar / President

Name and Title: _____

Address 1845 Palm Cove Blvd Apt. 104

Address: _____

Delray Beach, Florida 33445

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

(cont.)

15 MAR 27 PM 4:09

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

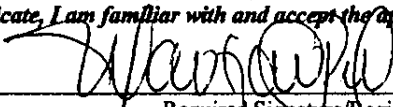
Name: Maria Gabriela Pulgar
Address: 1845 Palm Cove Blvd Apt. 104
Delray Beach, Florida 33445

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

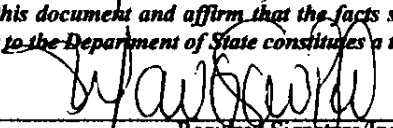
Name: Maria Gabriela Pulgar
Address: 1845 Palm Cove Blvd Apt. 104
Delray Beach, Florida 33445

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

3/19/2015
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

3/19/2015
Date