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TALLAHASSEE, FLORIDA

MD 4/6

## COVER LETTER

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

SUBJECT: **TRACKALLAPP 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

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

**ADDITIONAL COPY REQUIRED**

FROM: **Juan Rincon**

Name (Printed or typed)

**4130 NW 66TH AVE**

Address

**CORAL SPRINGS FL 33067**

City, State & Zip

**954-3192448**

Daytime Telephone number

**CORNER82@HOTMAIL.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: TRACKALLAPP, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4130 NW 66TH AVE  
CORAL SPRINGS FL  
33067

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful business

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: JUAN RINCON President

Address: 4130 NW 66th AVE  
Coral Springs FL  
33067

Name and Title: AGUSTIN RINCON VP

Address: Car 39 # 48-135 Apt. 603  
Edif. Hacienda Mayor  
Bucaramanga. Colombia

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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: Juan Rincon  
Address: 4130 NW 66th AVE  
Coral Springs FL 33067

15 APR - 1 AM 11:21  
MAR 30 2015  
MAR 30 2015

**ARTICLE VII INCORPORATOR**

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

Name: Juan Rincon  
Address: 4130 NW 66th AVE  
Coral Springs FL

*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

Mar 30th, 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

Mar 30th, 2015

\_\_\_\_\_  
Date