

P15000050254

(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



400273597574

06/08/15--01042--019 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -8 PM 3:53

06/10/15

COVER LETTER

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

SUBJECT: ELITE SUPPORT COORDINATION AND COUNSELING SERVICES, 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: MARTHA GAVIRIA

Name (Printed or typed)

15694 NE 12 AVENUE

Address

NORTH MIAMI BEACH, FL 33162

City, State & Zip

7863440490

Daytime Telephone number

info@elitesupportcoordination.net

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: ELITE SUPPORT COORDINATION AND COUNSELING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15694 NE 12 AVENUE

NORTH MIAMI BEACH, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To conduct any lawful business for which corporations may be incorporated under the Florida General Corporations Act .

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of stock \$1.00 per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA GAVIRIA - PRESIDENT

Name and Title: _____

Address 15694 NE 12 AVENUE

Address: _____

NORTH MIAMI BEACH, FL 33162

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN - 8 PM 3:53

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: MARTHA GAVIRIA
Address: 15694 NE 12 AVENUE
NORTH MIAMI BEACH, FL 33162

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 JUN -8 PM 3:53

ARTICLE VII INCORPORATOR

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

Name: MARTHA GAVIRIA
Address: 15694 NE 12 AVENUE
NORTH MIAMI BEACH, FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/2/15
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

6/2/15
Date