

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000167849 3)))



H150001678493ABC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*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

### PULLEY ENTERPRISES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 10 2015

S. GILBERT

H15000167849

**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: PULLEY ENTERPRISES, INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5752 WEST FLAGLER STREETMIAMIFLORIDA 33144

Mailing address, if different is:

5752 WEST FLAGLER STREETMIAMIFLORIDA 33144**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: President Mitzy Fernandez Pulley

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

Address: 5752 WEST FLAGLER STREET

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

MIAMIFLORIDA 33144Name and Title: Vice-President Priscilla Pulley

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

Address: 12425 SW 143 LN

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

MIAMIFLORIDA 33186Name and Title: Secretary Monica V Pulley-Bustillo

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

Address: 17802 SW 152 CT

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

MIAMIFLORIDA 33187

H15000167849

H15000167849

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: MITZY FERNANDEZ PULLEY

Address: 5752 WEST FLAGLER STREET

MIAMI, FLORIDA 33144

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MITZY FERNANDEZ PULLEY

Address: 5752 WEST FLAGLER STREET

MIAMI, FLORIDA 33144

**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*

X 

Required Signature/Registered Agent

07/09/2015

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.*

X 

Required Signature/Incorporator

07/09/2015

Date

H15000167849