

A15000060535

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.

((H15000177154 3)))



H150001771543ABC+

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
TORITO CONSULTING CORP.**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 AM 8:20

FILED

H15000177154

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

TORITO CONSULTING CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4550 NW 79 Ave
Doral FL 33166

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jose A Del Toro - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSE A DEL TORO
4550 NW 79 ave
Doral FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JOSE A DEL TORO
4550 NW 79 ave
Doral FL 33166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 AM 8:20

FILED

H15000177154

H15000177154

Required Signatures:

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

_____
Registered Agent_____
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.

_____
Incorporator_____
Date

15 JUL 21 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000177154