

P1500006810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
15 JUL 20 AM 7:12
T. LEMIEUX

JUL 24 2015
T. LEMIEUX

COVER LETTER

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

SUBJECT: Colombianos Agui y Alla
(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: Luis Echevarri
Name (Printed or typed)

8318 Cascade Oaks, dr.
Address

Orlando, FL 32822
City, State & Zip

(321) 945 2568
Daytime Telephone number

colombianosaguiyalla@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)

ARTICLE I NAME

The name of the corporation shall be: Colombianos Agri y Allá, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8318 Cascade Oaks, dr.
Orlando, FL 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Echeverri (P) Name and Title: Mauricio Cadavid (V)

Address: 8318 Cascade Oaks dr. Address: 24 Blueberry Lane
Orlando, FL 32822 Concord, MA 01742

Name and Title: Violeta Flores Name and Title: _____

Address: 8318 Cascade Oaks dr. Address: _____
Orlando, FL 32822

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 JUL 20 AM 7:13

FILED

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: Luis Echeverri
Address: 8318 Cascade Oaks Dr.
Orlando, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Echeverri
Address: 8318 Cascade Oaks Dr.
Orlando, FL 32822

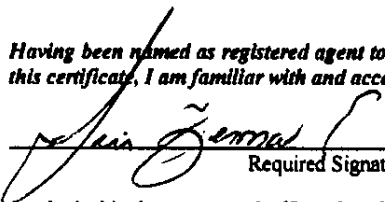
ARTICLE VIII EFFECTIVE DATE:

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

15/07/2015
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

15/07/2015
Date