

P15000061882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

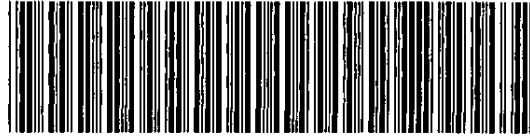
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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T CANNON

COVER LETTER

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

SUBJECT: C A American Moving 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: C A American Moving Inc.

Name (Printed or typed)

27413 Dortch Avenue

Address

Bonita Springs, FL 34135

City, State & Zip

(239) 244-6553

Daytime Telephone number

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: C A American Moving Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

27413 Dortch Avenue

27413 Dortch Avenue

Bonita Springs, FL 34135

Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomas A Pedro President

Name and Title: Magdalena Juan Vice President

Address 27413 Dortch Avenue

Address: 27413 Dortch Avenue

Bonita Springs, FL 34135

Bonita Springs, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 20 PM 1:02

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: Tomas A Pedro

Address: 27413 Dortch Avenue

Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

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

Name: Francisco Valle

Address: 1602 NW 7th PL

Cape Coral, FL 33993

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 20 PM 1:02

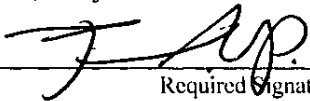
ARTICLE VIII EFFECTIVE DATE:

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.)

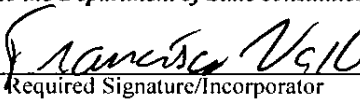
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/26/15
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.817.15S, F.S.


Required Signature/Incorporator

6-26-15
Date

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Name and Title: Magdalena Juan Vice President

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Address: 27413 Dortch Avenue

Bonita Springs, FL 34135

Bonita Springs, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE
SECRETARY OF
FLORIDA
TALLAHASSEE
15 JUL 20 PM 1:02

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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Address: 27413 Dortch Avenue
Bonita Springs, FL 34135

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Cape Coral, FL 33993

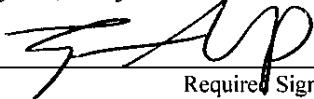
ARTICLE VIII EFFECTIVE DATE:

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

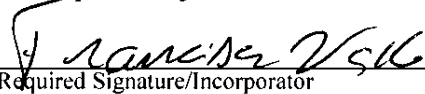
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Required Signature/Registered Agent 6/26/15
Date

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 6-26-15
Date