

P15 000070029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

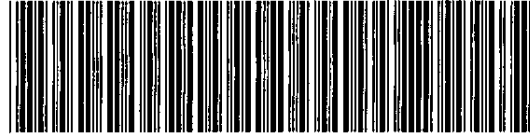
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15 AUG 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 25 2015

COVER LETTER

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

SUBJECT: CASTELLANA TROPICAL INVESTMENTS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CASTELLANA TROPICAL INVESTMENTS INC

Name (Printed or typed)

823 FLORIDA MANGO RD

Address

WEST PALM BEACH, FL 33406

City, State & Zip

786-356-9966

Daytime Telephone number

castellanatropical@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 CASTELLANA TROPICAL INVESTMENTS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

823 FLORIDA MANGO RD

WEST PALM BEACH, FL 33406

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS. BUY AND SELL

The purpose for which the corporation is organized is: _____
REAL ESTATE PROPERTY.

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT. JOEL MESA RODRIGUEZ

Name and Title: VP - YOIVAN MESA RODRIGUEZ

Address 823 FLORIDA MANGO RD

Address: 823 FLORIDA MANGO RD

WEST PALM BEACH, FL 33406

WEST PALM BEACH, FL 33406

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: _____
JOEL MESA RODRIGUEZ
Address: _____
823 FLORIDA MANGO RD
WEST PALM BEACH, FL 33406

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: _____
JOEL MESA RODRIGUEZ
Address: _____
823 FLORIDA MANGO RD
WEST PALM BEACH, FL 33406

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

08/17/2015

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

08/17/2015

Date