

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORP USA
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 Fax Number : (305) 633-9696

****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
ALL FLORIDA BROKERS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

RECEIVED

15 OCT -5 PM 1:40

SEP 30 2015 11:00 AM
 ALL FLORIDA BROKERS, INC.

1012

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

15 OCT -5 PM 8:05

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Electronic Filing Menu

Corporate Filing Menu

Help

H15000238199

COVER LETTER

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

SUBJECT: ALL FLORIDA BROKERS, 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: Richard Prieto
Name (Printed or typed)
141 SW 24 Road
Address
Miami, FL 33129
City, State & Zip
786-252-5806
Daytime Telephone number
ALLFLORIDABROKERSINC@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: ALL FLORIDA BROKERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Richard Prieto

141 SW 24 Road

Miami FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The brokering of Food and Merchandise

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Prieto C.E.O. Name and Title: _____

Address: 141 SW 24 Road. Address: _____
Miami FL 33129

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
ALL APASSEE, FLORIDA

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: Richard Prieto
Address: 141 SW 24 road.
Miami, FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Prieto
Address: 141 SW 24 road
Miami, FL 33129

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

[Signature]
Required Signature/Registered Agent

10-5-15
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.

[Signature]
Required Signature/Incorporator

10-5-15
Date

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