

P160000007440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100281059131

100281059131
01/19/16--01014--009 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 19 PM 3:07

JAN 19 2016
S. PRATHER

COVER LETTER

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

SUBJECT: Charley Sanchez, P.A.
(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: Charley Sanchez, P.A.
Name (Printed or typed)

520 NW 165th Street Road Suite 102
Address

Miami, FL 33169
City, State & Zip

305 - 462 - 4520
Daytime Telephone number

cpaofficecharley@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: Charley Sanchez, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>520 NW 165th Street Road Suite 102</u>	_____
<u>Miami, FL 33169</u>	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: accounting and tax services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charley Sanchez, President Name and Title: _____

Address	<u>520 NW 165th Street Road</u>	Address:	_____
	<u>Suite 102</u>		_____
	<u>Miami, FL 33169</u>		_____

Name and Title: _____ Name and Title: _____

Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED
STATE
SECRETARY
DIVISION OF CORPORATIONS
16 JAN 19 PM 3:07

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: Charley Sanchez

Address: 520 NW 165th Street Road Suite 102
Miami, FL 33164

ARTICLE VII INCORPORATOR

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

Name: Charley Sanchez

Address: 520 NW 165th Street Road Suite 102
Miami, FL 33164

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 19 PM 3:07

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

Charley Sanchez
Required Signature/Registered Agent

1/13/16
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.

Charley Sanchez
Required Signature/Incorporator

1/13/16
Date