

P16000016720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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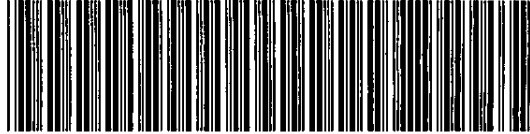
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2/23/16

COVER LETTER

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

SUBJECT: Periódico Impacto Corporation

(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 Oscar Torres

Name (Printed or typed)

904 Rachna Ln. Apt. F

Address

Kissimmee, FL 34741

City, State & Zip

407-201-3228

Daytime Telephone number

PastorLuisOscar@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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FILED

EFFECTIVE DATE 02/15/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Periódico Impacto Corporation

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

904 Rachna Ln. At. F

Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Establishment, editing and distribution of a Free Christian Hispanic Newspaper in the Central Florida Areas. The newspaper
will be financially covered by the selling of ads to the businesses, churches and other offices that render services to the
growing Hispanic population.

ARTICLE IV SHARES

The number of shares of stock is: 5,000 common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Oscar Torres

Name and Title: _____

Address 904 Rachna Ln. Apt. F

Address: _____

Kissimmee, FL 34741

Name and Title: Virginia Torres-Albelo

Name and Title: _____

Address 904 Rachna Ln. Apt. F

Address: _____

Kissimmee, FL 34741

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: Luis Oscar Torres
Address: 904 Rachna Ln. Apt. F
Kissimmee, FL 34741

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Luis Oscar Torres
Address: 904 Rachma Ln. Apt. F
Kissimmee, FL 34741

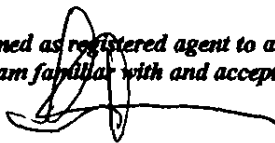
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Feb. 15th 2016 (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

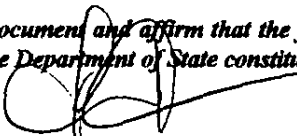


Required Signature/Registered Agent

2/15/2016

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

2/15/2016

Date