

P160000030211

(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



600283787136

04/01/16--01005--026 **70.00

FILED
16 APR - 1 AM 11:54
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

MD 4/7

COVER LETTER

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

SUBJECT: EFRAIN CHEVEZ, *Corp.*

(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: EFRAIN CHEVEZ

Name (Printed or typed)

11254 NW 5TH TERRA

Address

MIAMI, FL 33172

City, State & Zip

305-906-2508

Daytime Telephone number

efraichevez9@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: EFRAIN CHEVEZ, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11254 NW 5TH TERRA

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Independent Contractor

SECRETARY OF STATE
ALLIANCE OF FLORIDA
FILED
16 APR -1 AM 11:54

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EFRAIN CHEVEZ Name and Title: _____

Address 11254 NW 5TH TERRA Address: _____

MIAMI, FL 33172 _____

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: EFRAIN CHEVEZ
 Address: 11254 NW 5TH TERRA
MIAMI, FL 33172

FILED
 16 APR - 1 AM 11:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: EFRAIN CHEVEZ
 Address: 11254 NW 5TH TERRA
MIAMI, FL 33172

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 03-24-16
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.

 Required Signature/Incorporator 03-24-16
Date