

P16000042459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

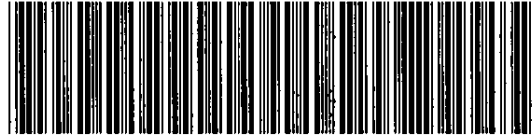
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/16--01005--027 **78.75

STATE
TALLAHASSEE, FLORIDA

16 MAY -6 PM 1:14

FILED

05-17-16
7

COVER LETTER

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

SUBJECT: I-closer, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Claudia Velasquez
Name (Printed or typed)

247 SW 8TH STREET #230
Address

Miami, Florida 33130

(305)926-0771

Daytime Telephone number

cpvclaudia@hotmail.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: I-closet, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

247 SW 8TH STREET #230

P O Box 330493

Miami, Florida 33130

Miami, Florida 33233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Personal service, Storage (personal items
clothing, etc.) pickup and delivery.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Velasquez, Pres. Sec. Name and Title: _____

Address 247 SW 8TH Street Address: _____

Miami, Florida 33130 _____

Name and Title: Lorena Collazos V. Pres. Name and Title: _____

Address 247 SW 8th Street Address: _____

Miami, Florida 33130 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
MIAMI, 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: Claudia Velasquez
Address: 247 SW 8th Street
Miami, Florida 33130

ARTICLE VII INCORPORATOR

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

Name: Claudia Velasquez
Address: PO Box 330493
Miami, Florida 33233

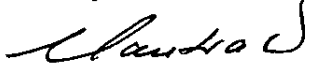
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 13, 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.)

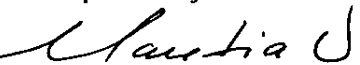
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-4-16
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

5-4-16
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA