

P 16000066137

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(Business Entity Name)

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Special Instructions to Filing Officer:

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W/66052065

AUG 11 2016

T. SCOTT



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07/18/16--01046--013 \*\*78.75

16 AUG - 8 AM 11:10

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2016

FELIPE BALLESTAS  
415 SW 21 RD  
MIAMI, FL 33129

SUBJECT: BALLESTAS FINANCE CORP.  
Ref. Number: W16000052065

We have received your document for BALLESTAS FINANCE CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 616A00015649

RECEIVED  
16 AUG -9 PM 3:15  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** BALLESTAS FINANCE 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** FELIPE BALLESTAS

\_\_\_\_\_  
Name (Printed or typed)

415 SW 21 RD

\_\_\_\_\_  
Address

MIAMI, FL 33129

\_\_\_\_\_  
City, State & Zip

786-973-0282

\_\_\_\_\_  
Daytime Telephone number

FELIPEABALLESTAS@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: BALLESTAS FINANCE CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

415 SW 21 RD

MIAMI FL 33129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PRIVATE WEALTH MANAGMENT

16 AUG - 8 AM 11:10

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ~~FELIPE BALLESTAS / MOR "President"~~

Name and Title: FELIPE BALLESTAS President

Address: ~~415 SW 21 RD~~

Address: 415 SW 21 Rd

~~MIAMI, FL 33129~~

Miami, FL 33129

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: FELIPE BALLESTAS \_\_\_\_\_

Address: 415 SW 21 RD \_\_\_\_\_

MIAMI, FL 33129 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: FELIPE BALLESTAS \_\_\_\_\_

Address: 415 SW 21 RD \_\_\_\_\_

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*

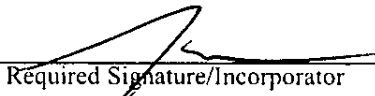


Required Signature/Registered Agent

07/14/2016

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

07/14/2016

Date