

PI6000069715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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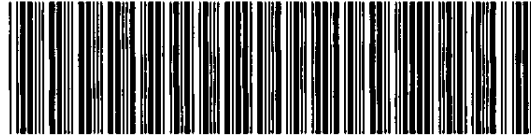
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/16--01020--022 **70.00

~~FILED~~ 57637

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 20 AM 9:19

FILED

7/14
8/24/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

GUADALUPE TREVINO
63 NE 12TH AVE
HOMESTEAD, FL 33030

SUBJECT: L. TREVINO INSTALLATIONS, INC.
Ref. Number: W16000057637

We have received your document for L. TREVINO INSTALLATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

INCORPORATOR SIGNATURE IS REQUIRED.

Please return 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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 516A00017571

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: L. Trevino Installations, Inc.
(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

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

FROM: Guadalupe Trevino
Name (Printed or typed)

63 NE 12th Ave
Address

Homestead FL 33030
City, State & Zip

214-208-8265
Daytime Telephone number

TrustRaven123@yahoo.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: L. Trevino Installations, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

63 NE 12th Ave
Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation of flooring.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guadalupe Trevino Name and Title: _____

Address: President Address: _____

63 NE 12th Ave
Homestead FL 33030

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 AUG 20 AM 9:19
SECRET
TALLAHASSEE, FL 32304

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: Guadalupe Trevino
Address: 63 NE 12th Ave
Homestead, FL 33030

15 AUG 20 AM 9:19
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: _____
Address: _____

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
7/28/16
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
7/28/16
Date