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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (Only-Cate-2.pri Hono ")                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Eliki, Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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SESSE TAKE OF SIMILATION

2 09/06/16

## **COVER LETTER**

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

| SUBJECT:  | Jorge L. Ald<br>(PROPOSED CORPORAT         | ecoa CPA                     | PA                      |  |  |
|---|--|------------------------------|-------------------------|--|--|
|   | (PROPOSED CORPORAT                         | E NAME – <u>MUST INCLU</u>   | JDE 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 | & Certified Copy             | & Certificate of Status |  |  |
|   | ADDITIONAL COPY REQUIRED                   |                              |                         |  |  |
| FROM: Jorge L. Aldec 04 Name (Printed or typed)   |  |                              |                         |  |  |
| 13541 SW 70 We Address  |  |                              |                         |  |  |
| MIAMI, FL 33156 City, State & Zip   |  |                              |                         |  |  |
|   | 30<br>Daytime Te                           | 5- 904-222<br>lephone number | 3                       |  |  |
|   | JIA  | IdecoA @                     | AOL. 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) **NAME** Jorge L. Aldecoa CPA The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 70 76 MIAULL, ARTICLE III PURPOSE The purpose for which the corporation is organized is: The GENEVAL PURPOSE FOR which The organized is to engage in every aspect ACCOUNTING SETUICES, Such projessionAL be rendered , employees and Agents who are dully licensed to render Accounting Authorized Florida The state or ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jorge Aldeco A Name and Title: Address Address: 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 NO   |  |   |
| Name: Jorge L. Alde  Address: 13541 SW 70  Miami, FC 3   | ecoptable) of the registered agent is:   | SE<br>SIVISI<br><b>16</b>                         |
| Address: 13541 6W 70   | the gre  | ALIG Y  |
| Miani, FC 3  | 33156  | FILEI<br>FARY (<br>OF COR                         |
| ARTICLE VII INCORPORATOR   |  | PLED<br>RY OF STATE<br>CORPORATIONS<br>6 AMII: 07 |
| The name and address of the Incorporator is:   |  | 7 OKS   |
| Name: Jorge L. Ala   | decoa  |   |
| Name: Jorge L. Ala<br>Address: 13541 5W 7<br>MIANUI, FL  | OTA AR.  |   |
| MIANCI, FL   | 33/56  |   |
| ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be spe days after the filing.) | . (OPTIONAL) cific and cannot be more than five business days p  | prior or 90 business                              |
| Note: If the date inserted in this block does not mee the document's effective date on the Department of S   | et the applicable statutory filing requirements, this da State's records.                                    | te will not be listed as                          |
| Having been named as registered agent to accept se<br>this certificate, I am familiar with and accept the app  | ervice of process for the above stated corporation at pointment as registered agent and agree to act in this | the place designated in<br>s capacity             |
| Required Signature/Regist  |  | Date  |
| I submit this document and affirm that the facts sta<br>document to the Department of State constitutes a th   | rated herein are true. I am aware that the false info  | rmation submitted in a                            |
| 10 In Department of State Constitutes a th   |  | 8/16/16.  |
| Required Signature/Incorporator  |  | Date Date   |