

PI6000073063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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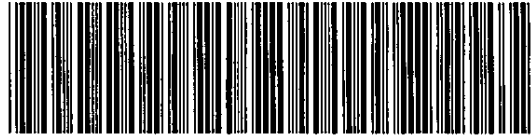
(Business Entity Name)

(Document Number)

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07/12/16--01017--018 **78.75

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15 AUG 18 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24
9/18/16

2046-53202



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2016

ANDY GONZALEZ
800 SW 129 PL APT. 103
MIAMI, FL 33184

SUBJECT: MIAMI CORES CORP
Ref. Number: W16000053202

We have received your document for MIAMI CORES 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000054389 (MIAMI CORE CORP).

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: 816A00016083

16 AUG 18 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 18 AM 9:48

FILED

COVER LETTER

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

SUBJECT: Gonzalez Miami Cores 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: Andy Gonzalez

Name (Printed or typed)

800 Sw 129 PL Apt. 103

Address

Miami, FL 33184

City, State & Zip

3057938246

Daytime Telephone number

andygp25@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: Gonzalez Miami Cores Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
800 Sw 129 PL Apt. 103

Miami, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Information Technology Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andy Gonzalcz - President

Address 800 Sw 129 PL Apt. 103

Miami, FL 33184

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: Andy Gonzalez
Address: 800 Sw 129 PL Apt. 103
Miami, FL 33184

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FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Andy Gonzalez
Address: 800 Sw 129 PL Apt. 103
Miami, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/09/2016 (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
08/09/2016
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
08/09/2016
Date