

P16 000076709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290109828

09/15/16--01024--018 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 15 PM 1:04

EFFECTIVE DATE 09/14/16

 09/19/16

COVER LETTER

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

SUBJECT: EUROAMERICA CONSULTANTS 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: EUROAMERICA CONSULTANTS CORP.

Name (Printed or typed)

6365 COLLINS AVE, APT. 3602

Address

MIAMI BEACH, FL. 33141

City, State & Zip

786-817-7549

Daytime Telephone number

GAGUILAR.JUAN@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: EUROAMERICA CONSULTANTS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6365 COLLINS AVE. APT. 3602, MIAMI BEACH

FL. 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAW BUSINESS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 15 PM 1:04

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN GARCIA AGUILAR, PRESIDENT

Name and Title: _____

Address 6365 COLLINS AVE. APT. 3602

Address: _____

MIAMI BEACH, FL. 33141

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: JUAN GARCIA AGUILAR
Address: 6365 COLLINS AVE. APT. 3602
MIAMI BEACH, FL. 33141

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 15 PM 1:04

ARTICLE VII INCORPORATOR

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

Name: JUAN GARCIA AGUILAR
Address: 6365 COLLINS AVE. APT. 3602
MIAMI BEACH, FL. 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9-14-2016 (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

09-10-2016

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

09-10-2016

Date