

# P17 000003808

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION  
WILDCAT FUNDS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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JAN 13 2017

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COVER LETTER

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

SUBJECT: WILDCAT FUNDS, 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: CARLOS DELGADO-PALACIOS  
Name (Printed or typed)  
18520 NW 67TH AVENUE, APT. 132  
Address  
MIAMI, FL 33015  
City, State & Zip  
305-270-4700  
Daytime Telephone number  
CARLPALACIOS125@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

2017 JAN 12 PM 1:22

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: WILDCAT FUNDS, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
18520 NW 67TH AVENUE, APT. 132  
MIAMI, FL 33015

Mailing address, if different is:  
SAME

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title:	<u>CARLOS DELGADO-PALACIOS, PRES</u>	Name and Title:	_____
Address	<u>18520 NW 67TH AVENUE, APT. 132</u>	Address:	_____
	<u>MIAMI, FL 33015</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

FILED

2017 JAN 12 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CARLOS DELGADO-PALACIOS  
Address: 18520 NW 67TH AVENUE, APT. 132  
MIAMI, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: CARLOS DELGADO-PALACIOS  
Address: 18520 NW 67TH AVENUE, APT. 132  
MIAMI, FL 33015

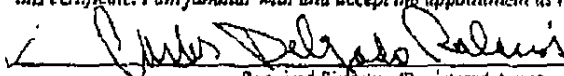
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/12/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

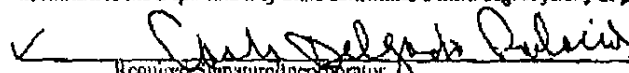
Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

12/13/16

\_\_\_\_\_  
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

12/13/16

\_\_\_\_\_  
Date