

P/7000007381

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R 01/24/17

COVER LETTER

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

SUBJECT: **WALTER DIAZ 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: **WALTER DIAZ CORPORATION.,**
Name (Printed or typed)

469 WILLIAMS AVE
Address

ORANGE CITY, FL 32763
City, State & Zip

407-308-1310
Daytime Telephone number

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:

WALTER DIAZ CORPORATION.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

469 WILLIAMS AVE

ORANGE CITY, FL 32763

407-308-1310

Mailing address, if different is:

469 WILLIAMS AVE

ORANGE CITY, FL 32763

407-308-1310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HANDYMAN FOR COMERCIAL AND RESIDENTIAL

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **WALTER DIAZ- PRESIDENT**

Address **469 WILLIAMS AVE**

ORANGE CITY, FL 32763

407-308-1310

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: WALTER DIAZ
Address: 469 WILLIAMS AVE
ORANGE CITY, FL 32763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER DIAZ
Address: 469 WILLIAMS AVE
ORANGE CITY, FL 32763

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TALLAHASSEE FLORIDA

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

01/18/2017

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

01/18/2017

Date