

P170000013632

(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



000295010120

02/13/17--01018--027 \*\*70.00

FILED  
17 FEB 13 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Catraca, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Hector Daniel Clavijo-Arbelo

Name (Printed or typed)

1955 NW 18th Street

Address

Pompano Beach, FL 33069

City, State & Zip

954-818-4806

Daytime Telephone number

bochinif@hotmail.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: Catraca, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1955 NW 18th Street

Pompano Beach, FL 33069

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Corporation may engage or transact in any or all lawful activities permitted under the laws of the United States, the State of Florida or any other state, county, territory or union.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 share per common stock

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

Name and Title: Hector Daniel Clavijo-Arbelo, President

Name and Title: \_\_\_\_\_

Address 1955 NW 18th Street

Address: \_\_\_\_\_

Pompano Beach, FL 33069

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
17 FEB 13 PM 2:45  
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: Monica Penevolpe  
Address: 1955 NW 18th Street  
Pompano Beach, FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

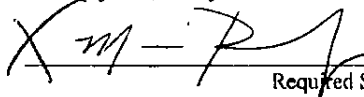
Name: Monica Penevolpe  
Address: 1955 NW 18th Street  
Pompano Beach, FL 33069

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

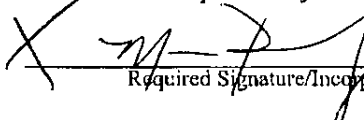
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation 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

2/9/17  
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

2/9/17  
Date