

P17000020031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

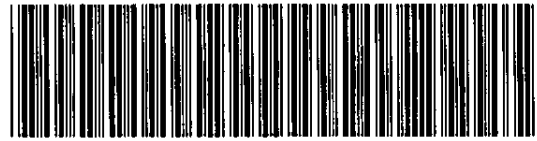
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

~ 03/07/17

COVER LETTER

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

SUBJECT: CORPOBYTE, 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: KELLY GARCES

Name (Printed or typed)

2655 S LEJEUNE ROAD, SUITE 307

Address

CORAL GABLES, FLORIDA 33134

City, State & Zip

305-929-3110

Daytime Telephone number

HHERRERA@CORPOBYTE.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: CORPOBYTE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6030 NW 99 AVE

SUITE 401

DORAL, FL 33178

Mailing address, if different is:

6030 NW 99 AVE

SUITE 401

DORAL, FL 33178

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERIBERTO HERRERA, CEO

Name and Title: _____

Address 6030 NW 99 AVE

Address: _____

SUITE 401

DORAL, FL 33178

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: HERIBERTO HERRERA

Address: 6030 NW 99 AVE, SUITE 401

DORAL, FL 33178

ARTICLE VII INCORPORATOR

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

Name: HERIBERTO HERRERA

Address: 6030 NW 99 AVE, SUITE 401

DORAL, FL 33178

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TALLAHASSEE, FLORIDA

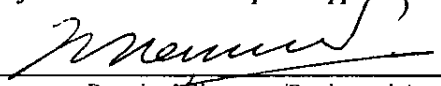
ARTICLE VIII EFFECTIVE DATE:

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

FEB/23/2017
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

FEB/23/2017
Date