

P17000029602

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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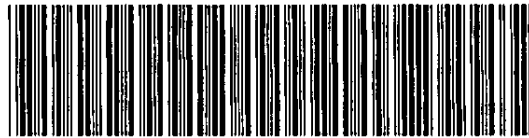
(Business Entity Name)

(Document Number)

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17 APR -3 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/04/17

March 16, 2017

Dear Sir/Madam

My name is Pablo Machado owner of East Whales Corp with P15000081834. The reason of writing this letter to inform that I will not reinstate this Corporation but I will like to open a new Corporation using the same name.

Cordially

Pablo Machado.

Pablo Machado

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: EAST WHALES 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:

Rafael Machado

Name (Printed or typed)

1274 McKinley Suite 1

Address

Hollywood Fl 33020

City, State & Zip

(954) 969-9892

Daytime Telephone number

besttaxaccounting@bellSouth.net

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: EAST WHALES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1274 MCKINLEY SUITE 1

HOLLYWOOD FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL AND ALL LEGAL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 SHARES @ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: PABLO MACHADO/PRESIDENT Name and Title: _____
Address: 1274 MCKINLEY Address: _____
SUITE 1 _____
HOLLYWOOD, FL 33020 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: PABLO MACHADO
Address: 1274 MCKINLEY SUITE 1
HOLLYWOOD FL 33020

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: PABLO MACHADO
Address: 1274 MCKINLEY SUITE 1
HOLLYWOOD FL 33020

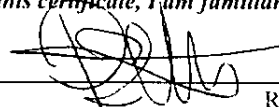
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1, 2017 (OPTIONAL)

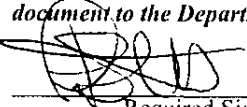
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ JANUARY 1, 2017
Required Signature/Registered Agent 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.

 _____ JANUARY 1, 2017
Required Signature/Incorporator Date