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HALLAMSBURG, MO  
COUNTY OF JEFFERSON

D O'KEEFE  
APR 10 2017

## COVER LETTER

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

**SUBJECT:** PLUS PC INTERNATIONAL, 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:** 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

gsuels@pluspc.com.ve

\_\_\_\_\_  
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: PLUS PC INTERNATIONAL, 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:	<u>GUILLERMO SUELS, CEO</u>	Name and Title:	_____
Address	<u>6030 NW 99 AVE</u>	Address:	_____
	<u>SUITE 401</u>		_____
	<u>DORAL, FL 33178</u>		_____

Name and Title:	<u>INVERSIONES PLUS PC, C.A.</u>	Name and Title:	_____
Address	<u>Calle la Soledad con calle la Piedrita</u>	Address:	_____
	<u>Edificio Industrial Piso 2. La Trinidad</u>		_____
	<u>Caracas Venezuela</u>		_____

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

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

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: GUILLERMO SUELS  
Address: 6030 NW 99 AVE, SUITE 401  
DORAL, FL 33178

**ARTICLE VII INCORPORATOR**

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

Name: GUILLERMO SUELS  
Address: 6030 NW 99 AVE, SUITE 401  
DORAL, FL 33178

**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 03-29-17  
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 03-29-17  
Date

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