

P17000057420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

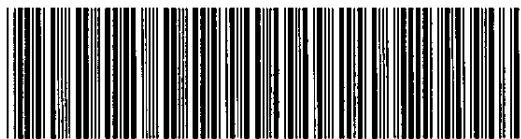
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL -6 AM 9:50

2017 JUL -6 AM 9:32
SEC. OF STATE
TALLAHASSEE, FLORIDA

PROCESSED

COVER LETTER

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

SUBJECT: _____
(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: PEDRO A RIVERA & ASSOCIATES

Name (Printed or typed)

2752 MICHIGAN AVE UNIT 4

Address

KISSIMMEE, FL 34744

City, State & Zip

407-350-2556

Daytime Telephone number

privsep@yahoo.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: GALINDO & TAREZIAN CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
5811 W Irlo Bronson Memorial Hwy
Kissimmee, FL 34746

Mailing address, if different is:
2752 Michigan Ave Unit 4
Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Corporation shall engage in any activity or business permitted under the laws

of the United State and of the State of Florida

FEI # 82-2044715

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAURICIO E GALINDO - DIRECTOR

Address 10 SW SOUTH RIVER DR APT 605
MIAMI, FL 33130

Name and Title: _____

Address: _____

Name and Title: JEAN P TAREZIAN - DIRECTOR

Address 10 SW SOUTH RIVER DR APT 605
MIAMI, FL 33130

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUL - 6 AM 9:50

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: PEDRO A RIVERA _____

Address: 2752 MICHIGAN AVE UNIT 4 _____

KISSIMMEE, FL 34744 _____

ARTICLE VII INCORPORATOR

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

Name: MAURICIO E GALINDO _____

Address: 10 SW SOUTH RIVER DR APT 605 _____

MIAMI, FL 33130 _____

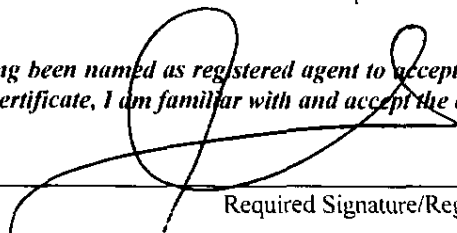
ARTICLE VIII EFFECTIVE DATE:

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

07/05/2017

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

07/05/2017

Date