

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TED TOLEDANO, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

JUL 28 2016

T. SCOTT

RECEIVED

17 JUL 28 PM 4:51

BUREAU OF COMMERCIAL
INFORMATION SERVICE

17 JUL 27 AM 8:46
DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

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

SUBJECT: TED TOLEDANO, 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: TED TOLEDANO

Name (Printed or typed)

185 GOLDEN BEACH DRIVE

Address

GOLDEN BEACH, FL 33160

City, State & Zip

305-801-4474

Daytime Telephone number

TED@MODLOFT.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: TED TOLEDANO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
185 GOLDEN BEACH DRIVE

GOLDEN BEACH, FL 33160

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TED TOLEDANO/PRESIDENT

Address: 185 GOLDEN BEACH DRIVE

GOLDEN BEACH, FL 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

STATE OF FLORIDA
COUNTY OF DADE

2017 JUN 7 AM 8:46

FILED

Name and Title: TED TOLEDANO, PRESIDENT

Address: 185 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

Name and Title: TED TOLEDANO, PRESIDENT

Address: 185 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

ARTICLE VI REGISTERED AGENT

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

Name: TED TOLEDANO
Address: 185 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TED TOLEDANO
Address: 185 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 26, 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

✓ Ted Toledano
Required Signature/Registered Agent

06/27/17

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.

✓ Ted Toledano
Required Signature/Incorporator

06/27/2017

Date