

P17000066026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

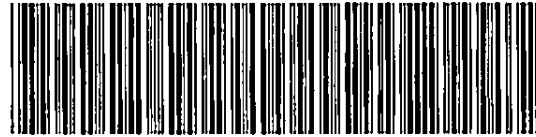
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100301861901

08/04/17--01012--007 **87.50

17 AUG -4 PM 1:49
STATE
FLORIDA

08/07/17

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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: TANIA CAROLINA SALINAS REBOLLEDO
Name (Printed or typed)

17005 SW 90th TERRACE
Address

MIAMI FL, 33196
City, State & Zip

(305) 903-7215
Daytime Telephone number

anina2586@gmail.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: TSEO SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
17005 SW 90th TER. MIAMI FL. 33196

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE AND HOSPITALITY BUSINESS SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TANIA SALINAS C.E.O. Name and Title: _____

Address 17005 SW 90th TER. MIAMI FL. 33196 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 AUG -4 PM 4:49
STATE OF 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: DIEGO JOSE SOLORZANO MENDEZ
 Address: 18930 NW 57th AVE. APT 107
HIALEAH, FL 33015

DEPT. OF STATE
 TALLAHASSEE, FLORIDA
 17 AUG -4 PM 1:49
 10/10

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

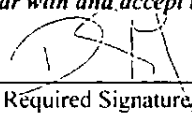
Name: TANIA CAROLINA SALINAS REBOLLED
 Address: 17005 SW 90th TER. MIAMI FL. 33196

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 27th 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

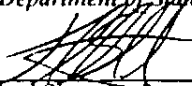


JUNE 27th 2017

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.



08/01/2017
Date

Required Signature/Incorporator