

P/7000068662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

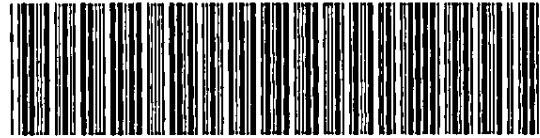
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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17 AUG 15 AM 8:32
CLERK OF SUPERIOR COURT
PALM BEACH COUNTY, FLORIDA

'17-060510

08/16/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2017

GUILBER TURCIOS
3016 17TH ST., WEST
LEHIGH ACRES, FL 33971

SUBJECT: G & E CORPORATION
Ref. Number: W17000060510

We have received your document for G & E CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000014704 (GE LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 617A00014858

RECEIVED
JUL 15 11:10:28
CLERK OF
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TALLAHASSEE

COVER LETTER

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

SUBJECT: **TURCIOS TAKE CARE FLOOR 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 ☐ \$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: **TURCIOS TAKE CARE FLOOR CORPORATION**
Name (Printed or typed)

3016 17 TH STREET W

Address

LEHIGH ACRES, FL 33971

City, State & Zip

239-440-0720

Daytime Telephone number

GUILBERTURCIOS03@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: TURCIOS TAKE CARE FLOOR CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

3016 17TH ST WEST

LEHIGH ACRES FL 33971

239-440-0720

Mailing address, if different is:

3016 17TH ST WEST

LEHIGH ACRES FL 33971

239-440-0720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TILE WOOD MARBLE PAVER LAMINATE CABINES CARPET FULL REMODELATION COUNTERTOPS GRANITES

COMERCIAL AND RESIDENTIAL

ARTICLE IV SHARES

The number of shares of stock is: 3

17 AUG 15 AM 8:32
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUILBER IVAN TURCIOS TURCIOS - PRESIDENT

Address: 3016 17TH ST WEST

LEHIGH ACRES FL 33971

407-346-4846

Name and Title: _____

Address: _____

Name and Title: JONATHAN TURCIOS

Address: 3016 17TH ST WEST

LEHIGH ACRES FL 33971

Name and Title: _____

Address: _____

Name and Title: EUNICE GOMEZ

Address: 3016 17TH ST WEST

LEHIGH ACRES FL 33971

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

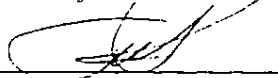
Name: GUILBER IVAN TURCIOS TURCIOS
 Address: 3016 17TH ST WEST
LEHIGH ACRES FL 33971

17 AUG 15 AM 8:32
 DEPT. OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GUILBER IVAN TURCIOS TURCIOS
 Address: 3016 17TH ST WEST
LEHIGH ACRES FL 33971

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

08/10/2017

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

08/10/2017

Date

