

P17000078942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

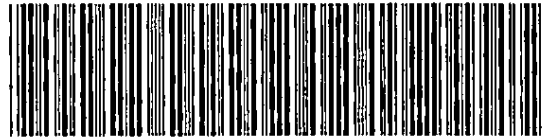
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT -2 AM 9:19  
TALLAHASSEE, FLORIDA

OCT 03 2017

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## COVER LETTER

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

**SUBJECT:** PROFORT 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      ☐ \$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:** JAMES GONZALEZ

Name (Printed or typed)

3650 NW 82ND AVE SUITE # 404

Address

DORAL, FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

atplus@live.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

PROFORT INC

The name of the corporation shall be:

Principal street address

Mailing address, if different is:

92 SW 3RD ST. UNIT 4202

MIAMI, FL 33130

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is:

## 100

The number of shares of stock is:

Name and Title: JUAN C. OVIEDO      PRESIDENT

Address 92 SW 3RD ST

UNIT #4202

MIAMI, FL 33130

Name and Title:

Address:

Name and Title:

Name and Title:

Address

Address:

**Name and Title:**

Name and Title:

Address

Address:

17 OCT -2 AM 9:19  
ALLAHASSEE, 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: JUAN C. OVIEDO \_\_\_\_\_

Address: 92 SW 3RD ST UNIT # 4202 \_\_\_\_\_

MIAMI, FL 33130 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: JUAN C. OVIEDO \_\_\_\_\_

Address: 92 SW 3RD ST UNIT # 4202 \_\_\_\_\_

MIAMI, FL 33130 \_\_\_\_\_

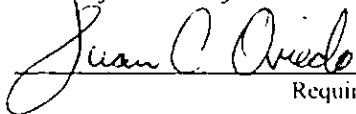
**ARTICLE VIII EFFECTIVE DATE:**

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

9/28/2017

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

9/28/2017

Date

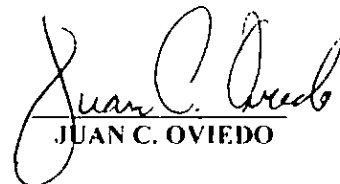
## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **JUAN C. OVIEDO**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **PROFORT INC.**, a Florida corporation to be filed with the Florida Department Of State on or about **SEPTEMBER 28<sup>TH</sup> 2017**.
2. The undersigned hereby consents to and authorizes the use by **PROFORT INC.**, of the name **PROFORT INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

  
JUAN C. OVIEDO

PERSONALLY appeared before me, **JUAN C. OVIEDO**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

**Witness** my hand and official seal this 28<sup>th</sup> day of SEPTEMBER, 2017

