

P17000094875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/17--01035--004 **78.50

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VGA

COVER LETTER

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

SUBJECT: Exactimators CO.

(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: Nicholas Merced

Name (Printed or typed)

5900 SW24th PL Apt. 206

Address

Davie, FL 33314

City, State & Zip

786-781-1933

Daytime Telephone number

Exactimatorsestimates@gmail.com

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

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

17 NOV 15 PM 5:32

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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: Exatimators CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5900 SW 24TH PL #206

Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas Merced - P
Address: 5900 SW 24th PL APT 206
Davie, FL 33314

Name and Title: Joseph Nodal - P
Address: 6872 SW 25th St
Miami, FL 33155

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 NOV 15 PM 5:32

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: Nicholas Merced

Address: 5900 SW 24th Pl. #206

Davie, FL 33314

17 NOV 15 PM 5:32

ARTICLE VII INCORPORATOR

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

Name: Nicholas Merced

Address: 5900 SW 24th Pl. #206

Davie, FL 33314

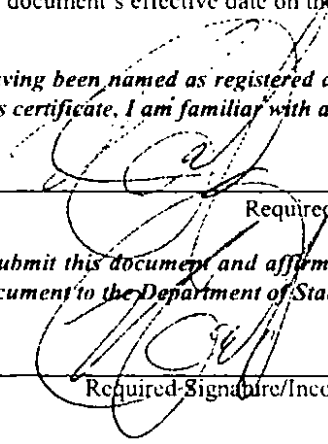
ARTICLE VIII EFFECTIVE DATE:

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

11/13/17
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.

Required Signature/Incorporator

11/13/17
Date