

P18 000 055 572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

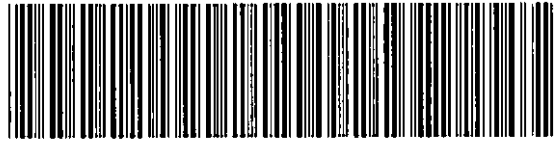
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 JUN 25 AM 8:20

2018 JUN 25 AM 8:41

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JUN 25 2018

COVER LETTER

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

SUBJECT: Stella Properties, Inc. ^{of Tallahassee}
(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: Cora Mejia
Name (Printed or typed)

5709 Stancier Road
Address

Tallahassee, Fla. 32303
City, State & Zip

(850) 508-4043
Daytime Telephone number

Mejiacora@yahoo.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: Stella Properties, Inc ^{of Tallahassee}

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address: 5709 Stoner Road
Tallahassee, Fla. 32303
Mailing address, if different is: Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate holding

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cora Mejia / President Name and Title: _____

Address: 5709 Stoner Road Address: _____
Tallahassee, Fla. 32303

Name and Title: Sefredo Tejada / Vice Pres Name and Title: _____

Address: 5709 Stoner Road Address: _____
Tallahassee, Fla. 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Cora Mejia
Address: 5709 Stonebor Road
Tallahassee, Fla. 32303

ARTICLE VII INCORPORATOR

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

Name: Cora Mejia
Address: 5709 Stonebor Road
Tallahassee, Fla. 32303

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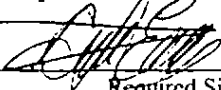
ARTICLE VIII EFFECTIVE DATE:

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

20-6-18
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

20-6-18
Date