

P19000051773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

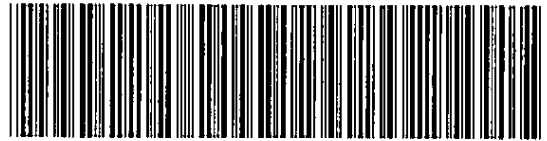
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2019 JUN 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FL

T. BURCH
JUL 1 2019

COVER LETTER

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

SUBJECT: Dirfel, 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: Pedro Galvan

Name (Printed or typed)

2899 Collins Ave Apt. 1449

Address

Miami Beach, FL 33140

City, State & Zip

786-202-3326

Daytime Telephone number

pgalvanp@gmail.com

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

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

Pedro Galvan
2899 Collins Ave Apt 1449
Miami Beach, FL 33140

June 12, 2019

Florida Division of Corporations

RE: Dirfel, Inc.

To whom it may concern,

Attached are a dissolution of the non-profit I formed in February 2019 for which I had no activity nor EIN. I discovered that I registered the business incorrectly as a non-profit and it should be a profit corporation.

Therefore, I also attached a profit corporation application. Please release the name from the non-profit to a profit corporation.

If you have any questions, please let me know.

Thank you in advance for your assistance with this matter.

Sincerely,


Pedro Galvan
Dirfel, Inc President

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: DIRFEL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2899 Collins Ave

Apt 1449

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO GALVAN, PRESIDENT

Name and Title:

Address

2899 COLLINS AVE APT. 1449

Address:

MIAMI BEACH, FL 33140

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: PEDRO GALVAN
Address: 2899 COLLINS AVE APT. 1449
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

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

Name: PEDRO GALVAN
Address: 2899 COLLINS AVE APT. 1449
MIAMI BEACH, FL 33140

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TALLAHASSEE, FL

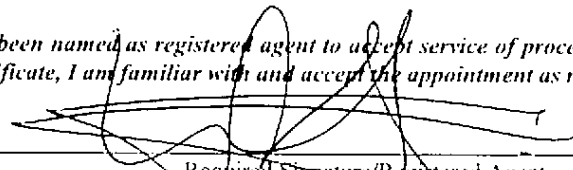
ARTICLE VIII EFFECTIVE DATE:

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

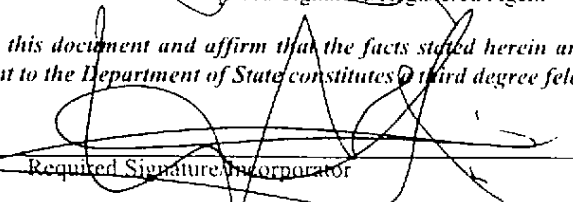


Required Signature/Registered Agent

6/12/19

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

6/12/19

Date