

P19 000 067 368

(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



000333910870

08/29/19--01017--008 **70.00

19 AUG 29 PM 2:08

2019 AUG 29 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D O'KEEFE
AUG 29 2019

COVER LETTER

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

SUBJECT: HAROLD BELTRAN 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: HAROLD BELTRAN DBA HAROLD CIGARS
Name (Printed or typed)

2240 E PRESERVE WAY APT 308
Address

MIRAMAR FL 33025
City, State & Zip

954-632-0071
Daytime Telephone number

PROFESSIONALS.CONTACT@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: HAROLD BELTRAN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2240 E PRESERVE WAY APT 308

MIRAMAR FL 33025

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES AND RETAIL SALES FOR CIGAR BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD BELTRAN

Address: PRESIDENT

2240 E PRESERVE WAY APT 308

MIRAMAR FL 33025

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2010 AUG 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, 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: HAROLD BELTRAN

Address: 2240 E PRESERVE WAY APT 308

PEMBROKE PINES FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HAROLD BELTRAN

Address: 2240 E PRESERVE WAY APT 308

PEMBROKE PINES FL 33025

FILED
2019 AUG 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

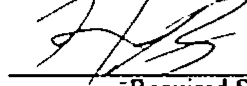


Required Signature/Registered Agent

08/24/2019

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

08/24/2019

Date