

PI9000071033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

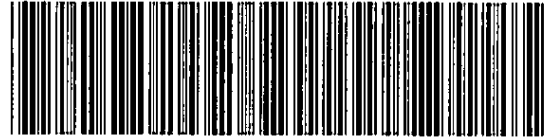
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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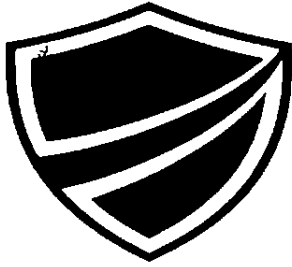
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SECRETARY OF STATE
TALLAHASSEE, FL

11 500

N CULLIGAN

SEP 17 2019



Debt Shield Law

Debt Defense Attorneys

Broward Office
3440 Hollywood Blvd., Suite 415
Hollywood, FL 33021
Phone: 754-800-5299
Facsimile: 305-503-9457

Miami-Dade Office
9990 SW 77th Ave, Suite 216
Miami, FL 33156
Phone: 305-776-1805
Facsimile: 305-503-9457

August 29, 2019

Neysa Culligan
Regulatory Specialist II
P. O Box 6327
Tallahassee, FL 32314

RE: THE TORRES FAMILY IRREVOCABLE TRUST
Ref. Number W19000068953

Dear Mrs. Culligan :

Per our conversation, enclosed please find the documents to be submitted for a Corporation. We agreed that the date that will reflect the filing is the date the documents were originally sent to you, July 2, 2019.

Thank you for your anticipated cooperation regarding this matter.

Sincerely,

/s/Myrna Nieves
Myrna Nieves.

Enclosure

2019-08-29 PM 1:27

70.0

COVER LETTER

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

SUBJECT: The Torres Family Irrevocable Trust
(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: Joel Lucoff Esq
Name (Printed or typed)

3440 Hollywood Blvd. # 415
Address

Hollywood, FL 33021
City, State & Zip

754-800-5299 or 305 308 2281
Daytime Telephone number

legal@debtsshieldlawyer.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

JOEL D. LUCAFF, ESQ.
3440 HOLLYWOOD BLVD. #415
HOLLYWOOD, FL 33021

SUBJECT: THE TORRES FAMILY IRREVOCABLE TRUST
Ref. Number: W19000068953

We have received your document for THE TORRES FAMILY IRREVOCABLE TRUST and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Two or more Trustees must be listed in the Trust.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 519A00015534

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: The Torres Family Irrevocable Trust Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8005 Hollybrook Drive # 205
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any lawful business
and protect the best interest of any beneficiaries listed
in the trust.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Torres Family Trust (P) Name and Title: _____

Address: 800 S. Hollybrook Drive Address: _____
205
Pembroke Pines, FL 33025

Name and Title: Tania De Las Hoxeles Linero (Sec) Name and Title: _____

Address: 800 S. Hollybrook Dr. Address: _____
205
Pembroke Pines, FL 33025

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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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: Dore Marie Linero
 Address: 430 NW 200 Ave
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel D. Lucoff
 Address: 3440 Hollywood Blvd #1415
Hollywood, FL 33021

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 TALLAHASSEE, FL

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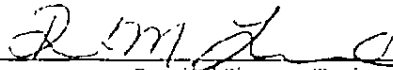
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 20, 2019 (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

 9/4/19
 Required Signature/Registered Agent 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.

 9/4/19
 Required Signature/Incorporator Date