

Division of Corporations
 Florida Department of State
 Division of Corporations
 Director's Filing Cover Sheet

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((H190003165143))



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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
 Account Number : 120190000062
 Phone : (239)850-9451
 Fax Number : (866)929-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: psfb@comcast.net

FLORIDA PROFIT/NON PROFIT CORPORATION
MANUEL A VARGAS, PA

Certificate of Status	1
Certified Copy	0
Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MANUEL A VARGAS, PA

(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: MANUEL A VARGAS

Name (Printed or typed)

4605 VARSITY CIR

Address

LEHIGH ACRES, FL 33871

City, State & Zip

239-822-0937

Daytime Telephone number

MANUELVARGASREALTOR@GMAIL.COM

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

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MANUEL A VARGAS, PA**ARTICLE II PRINCIPAL OFFICE**Principal street address
4605 VARSITY CIR

Mailing address, if different is:

LEHIGH ACRES, FL 33971**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN EACH AND EVERY ASPECT OF THE REAL ESTATE
PROFESSION, BUT ONLY THROUGH ITS OFFICERS. EMPLOYEES AND AGENTS TO WHO ARE DULY
LICENSED OR OTHERWISE LEGALLY AUTHORIZED TO RENDER SUCH PROFESSIONAL SERVICES.

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL A VARGAS, PRESIDENT

Name and Title: _____

Address 4605 VARSITY CIR

Address: _____

LEHIGH ACRES, FL 33971

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MANUEL A VARGAS
 Address: 4605 VARSITY CIR
LEHIGH ACRES, FL 33971

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MANUEL A VARGAS
 Address: 4605 VARSITY CIR
LEHIGH ACRES, FL 33971

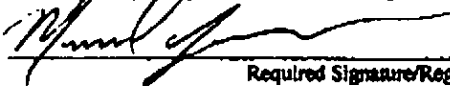
ARTICLE VIII EFFECTIVE DATE:

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.)

Notes: 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.

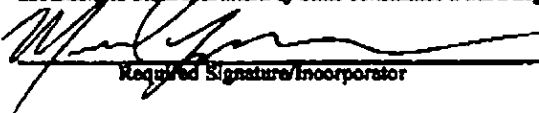
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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.817.153, F.S.



Required Signature/Incorporator

Date

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