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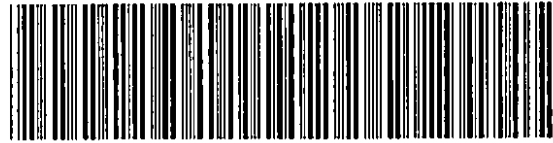
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DATE: 11/13/19

NAME: SOUTH ELEVATION CORP

TYPE OF FILING: ARTICLES

COST: 70.00

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: South Elevation 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: ZenBusiness PBC

Name (Printed or typed)

702 San Antonio St.

Address

Austin, TX 78701

City, State & Zip

512-237-7349

Daytime Telephone number

fulfillment@zenbusiness.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: South Elevation Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12924 Longcrest Drive

Riverview, FL 33579-7050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are a womens clothing brand. We plan on selling online.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judith Henriquez (President)

Address: 12924 Longcrest Drive
Riverview, FL 33579-7050

Name and Title: Alberto Sustaita (Vice President)

Address: 12924 Longcrest Drive
Riverview, FL 33579-7050

Name and Title: Judith Henriquez (Treasurer)

Address: 12924 Longcrest Drive
Riverview, FL 33579-7050

Name and Title: _____

Address: _____

Name and Title: Judith Henriquez (Secretary)

Address: 12924 Longcrest Drive
Riverview, FL 33579-7050

Name and Title: _____

Address: _____

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SECRETARY OF STATE
ALLAH BOLT, CLERK

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: _____ Registered Agents Inc.

Address: _____ 7901 4th St N STE 300

_____ St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: _____ Arturo Flores

Address: _____ 702 San Antonio St.

_____ Austin, TX 78701

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

/s/ Bill Havre

11/12/2019

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.

/s/ Arturo Flores

11/12/2019

Required Signature/Incorporator

Date