

PI9 0000 85582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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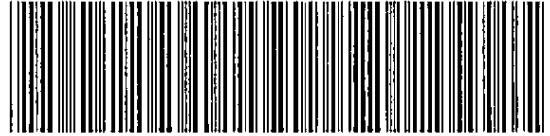
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 15 AM 9:35
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COVER LETTER

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

SUBJECT: 1 - COM, 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
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: ALDO MARCHENA

Name (Printed or typed)

CORP SVCS INTL

Address

9907 THREE LAKES CIRCLE, BOCA RATON, FL 33428

City, State & Zip

305 503 5983

Daytime Telephone number

OPERATIONS@ACHIEVEGEA.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: 1 - COM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9907 THREE LAKES CIRCLE.

BOCA RATON, FL 33428

Mailing address, if different is:
C/O CORP SVCS INTL.

7050 W PALMETTO PARK RD. STE #15-300.

BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

INTERNATIONAL INSURANCE BROKER

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C MARTINEZ, PRESIDENT.

Name and Title: _____

Address C/O CORP SVCS INT.

Address: _____

7050W PALMETTO PARK RD. STE 15-300

BOCA RATON, FL 33433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2019 NOV 15 AM 9:35
CLERK OF DISTRICT COURT
JANUARY 15, 2020

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: FORTUNATA ESPINOZA
Address: 7050 W PALMETTO PARK ROAD, STE 15-300
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALDO MARCHENA
Address: 9907 THREE LAKES CIRCLE.
BOCA RATON, FL 33428

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

NOV 14, 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

NOV 14, 2019

Date

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TALLAHASSEE, FL