

P190000085609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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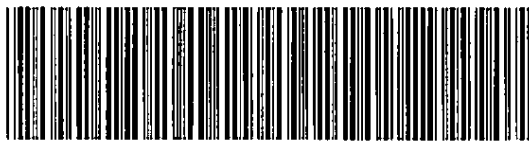
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 28 PM 2:55

FILED

10/28/19--01028--010 **70.00

COVER LETTER

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

SUBJECT: CARLOS MORENO 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: STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST, SUITE 406

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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: CARLOS MORENO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5415 COLLINS AVE PH-D

MIAMI BEACH FL, 33140

5415 COLLINS AVE PH-D

MIAMI BEACH FL, 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS MORENO PRESIDENT

Name and Title: _____

Address 5415 COLLINS AVE PH-D

Address: _____

MIAMI BEACH FL, 33140

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: CARLOS MORENO

Address: 5415 COLLINS AVE PH-D

MIAMI BEACH FL, 33140

ARTICLE VII INCORPORATOR

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

Name: CARLOS MORENO

Address: 5415 COLLINS AVE PH-D

MIAMI BEACH FL, 33140

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

Carlos Moreno

Required Signature/Registered Agent

10/07/2019

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.

Carlos Moreno

Required Signature/Incorporator

10/07/2019

Date

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **CARLOS MORENO**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the Authorized Member of **CARLOS MORENO LLC**, a Limited Liability Company to be filed with the Florida Department of State on or about **October 7, 2019**.
2. The undersigned hereby consents to and authorizes the use by **CARLOS MORENO LLC**, of the name **CARLOS MORENO CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

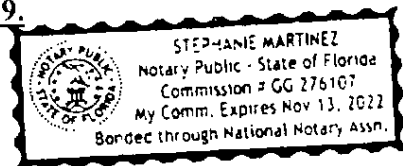
FURTHER AFFIANT SAYETH NAUGHT.


Carlos Moreno

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Carlos Moreno, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 7th day of October 2019.




Notary Public Signature