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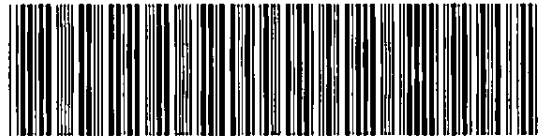
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

PAULINA CABRERA OGALDE PA

SUBJECT: _____
(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: _____
Name (Printed or typed)

7050 WEST PALMETTO PARK ROAD, SUITE 15-300

Address

BOCA RATON, FLORIDA 33433

City, State & Zip

305-503-5983

Daytime Telephone number

OPERATIONS@ACHIEVEGEA.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: PAULINA CABRERA OGALDE PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9907 THREE LAKES CIRCLE

7050 WEST PALMETTO PARK ROAD, SUITE 15-300

BOCA RATON, FLORIDA 33428

BOCA RATON, FLORIDA 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INTERNATIONAL INSURANCE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER J. FRANCO VALDIVIA - PRESIDENT Name and Title: _____

Address 19712 DINNER KEY DRIVE Address: _____
BOCA RATON, FLORIDA 33498

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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 W. ESPINOZA

Address: 7050 PALMETTO PARK ROAD, SUITE 15-300

BOCA RATON, FL 33433

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JUAN C. MARTINEZ

Address: 9907 THREE LAKES CIRCLE

BOCA RATON, FLORIDA 33428

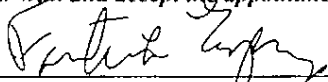
ARTICLE VIII EFFECTIVE DATE:

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

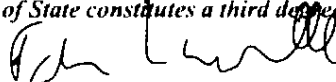


Required Signature/Registered Agent

DECEMBER 3 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

DECEMBER 3 2019

Date