

P20000001248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

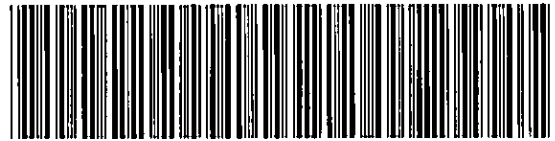
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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PAID JAN 7 2020

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2020 JAN -7 AM 9:13

STATE OF ARIZONA

J. FASON

JAN 09 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CARLOS PELAEZ P.A.

Signature _____

Requested by: Seth

01/06/20

Name

Date

Time

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: CARLOS PELAEZ P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

ADDITIONAL COPY REQUIRED

FROM: CARLOS PELAEZ
Name (Printed or typed)

468 SW ROSEWOOD COVE
Address

PORT SAINT LUCIE, FL 34986
City, State & Zip

772-215-3436
Daytime Telephone number

4SALECARLOS@GMAIL.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 PELAEZ P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

468 SW ROSEWOOD COVE

PORT SAINT LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY AND ALL LAWFUL PRACTICES OF REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS PELAEZ PRESIDENT

Name and Title: _____

Address 468 SW ROSEWOOD COVE

Address: _____

PORT SAINT LUCIE, FL 34986

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2020 JAN -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL

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 PELAEZ
Address: 468 SW ROSEWOOD COVE
PORT SAINT LUCIE, FL 34986

ARTICLE VII INCORPORATOR

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

Name: CARLOS PELAEZ
Address: 468 SW ROSEWOOD COVE
PORT SAINT LUCIE, FL 34986

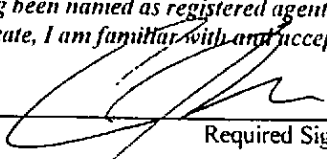
ARTICLE VIII EFFECTIVE DATE:

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.

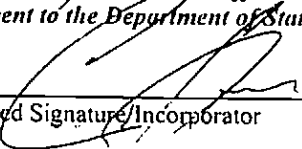
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/19/11
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

12/19/11
Date