

P200000 20784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

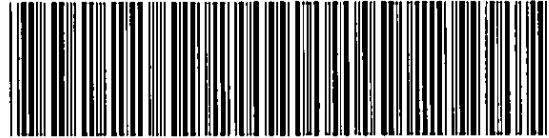
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000341895220

03/03/20--01001--011 **70.00

FILED

2020 MAR -9 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-16-2020
Brumbley

LAW OFFICES
MICHAEL ORTIZ, P.A.

1430 SOUTH DIXIE HIGHWAY
SUITE 321
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270
FACSIMILE (305) 665-1112
E-MAIL: lawortiz@aol.com

March 6, 2020

By: Hand Delivered

New Filing Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: PROMOTORA HH 1956 CORP
Client File No. 1193F

Dear Sir/Madam:

I am enclosing original Articles of Incorporation of PROMOTORA HH 1956 CORP, and a copy of same.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$70.00 for the processing of this Application. Thank you.

Very truly yours,

MICHAEL ORTIZ, P.A.

A handwritten signature in black ink, consisting of a stylized 'M' and 'O' followed by a horizontal line.

MICHAEL ORTIZ, ESQ.

COVER LETTER

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

SUBJECT: Promotora HH 1956 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: Michael Ortiz, P.A.
Name (Printed or typed)
1430 South Dixie Highway, Suite 321
Address
Coral Gables, FL 33146
City, State & Zip
(305)665-5270
Daytime Telephone number
lawortiz@aol.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: Promotora HH 1956 Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any or all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 share, \$1.00 par value each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johans Ivanovic Bastidas, President and Director

Name and Title:

Address 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

Address:

Name and Title: Michael Ortiz, Secretary

Name and Title:

Address 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2020 MAR -9 PM 12:35
SECRETARY OF STATE
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: Michael Ortiz, P.A.
Address: 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

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

Name: Michael Ortiz
Address: 1430 South Dixie Highway, Suite 321
Coral Gables, FL 33146

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 6, 2020. (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

3/6/2020

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

3/6/2020

Date