

P20000027588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

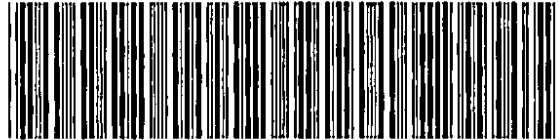
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 23 PM 12:05
367
TALLAHASSEE, FLORIDA

FILED

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01 1770

COVER LETTER

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

SUBJECT: PAUL VALLIERE, 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 ☐ \$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: JILLUANN VALLIERE

Name (Printed or typed)

13833 WELLINGTON TRACE E4-213

Address

WELLINGTON, FL 33414

City, State & Zip

561-719-8624

Daytime Telephone number

JILLUANNMARTIN@ME.COM

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

NOTE: Please provide the original and one copy of the articles.

Paul Valliere Inc
13833 Wellington Trace, E4-213
Wellington, Florida 33414

February 18, 2020

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Please be advised that I am filing a "one-two" filing for Paul Valliere, Inc.

One-please process the attached Application for Withdrawal of Paul Valliere, Inc. (a Mass corporation). The corporation was dissolved effective 12/31/2019. In that regard, also see the attachment from the Mass. Corporations Division dated Feb. 7, 2020. A check for \$35 is included.

Two-please next process the attached Articles of Incorporation for Paul Valliere, Inc. A check for \$70 is included for that filing.

The business is no longer located in Massachusetts but is solely operating now from Florida.

If any questions, please contact our accountant:

David Herndon
Herndon Co.
541-659-2659
hermco@gmail.com

Regards,



Jilluann Valliere, Secretary
Paul Valliere, Inc.

FILED
2020 MAR 23 PM 12:05
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

PAUL VALLIERE, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

3509 GRAND PRIX FARMS DR

WELLINGTON, FL 33414

Mailing address, if different is:

13833 WELLINGTON TRACE E4-213

WELLINGTON, FL 33414

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: _____

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL VALLIERE, PRESIDENT

Name and Title: JILLUANN VALLIERE, SECRETARY

Address 3509 GRAND PRIX FARMS DR

Address: 3509 GRAND PRIX FARMS DR

WELLINGTON, FL 33414

WELLINGTON, FL 33414

Name and Title: JILLUANN VALLIERE, TREASURER

Name and Title: PAUL VALLIERE, DIRECTOR

Address 3509 GRAND PRIX FARMS DR

Address: 3509 GRAND PRIX FARMS DR

WELLINGTON, FL 33414

WELLINGTON, FL 33414

Name and Title: JILLUANN VALLIERE, DIRECTOR

Name and Title: _____

Address 3509 GRAND PRIX FARMS DR

Address: _____

WELLINGTON, FL 33414

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: PAUL VALLIERE
Address: 3509 GRAND PRIX FARMS DR
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

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

Name: JILLUANN VALLIERE
Address: 3509 GRAND PRIX FARMS DR
WELLINGTON, FL 33414

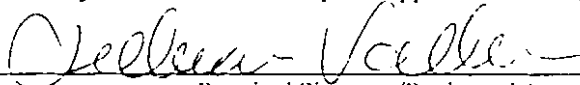
ARTICLE VIII EFFECTIVE DATE:

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

x 
Required Signature/Registered Agent

x 3/17/2022
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.

x 
Required Signature/Incorporator

x 3/17/2022
Date