

P20000028366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

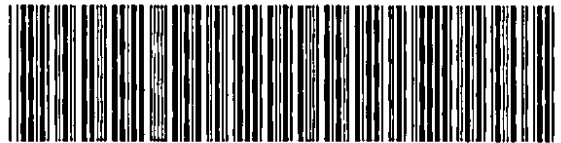
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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20 APR 6 AM 9:58
CLERK OF SUPERIOR COURT
JANET L. HARRIS, JR.

D O'KEEFE

APR 05 2020

COVER LETTER

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

SUBJECT: Garrido Corporation
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Edgari Garrido Quinones
Name (Printed or typed)

14330 SW 176th terrace
Address

Miami, Florida 33177
City, State & Zip

786-234-8984
Daytime Telephone number

edgarigarrido@yahoo.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: Garrido Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14330 SW 176th terrace
Miami, FL 33177

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Restaurant Consultant, Kitchen Management
Chef consultant. Professional Services.

ARTICLE IV SHARES

The number of shares of stock is: 100% 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgar Garrido Quinones
President

Name and Title: _____

Address: 14330 SW 176th terrace
Miami, FL 33177

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Edgari Garrido Quinones
Address: 14330 SW 176th terrace
Miami, FL 33177

ARTICLE VII INCORPORATOR

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

Name: Edgari Garrido Quinones
Address: 14330 SW 176th terrace
Miami, FL 33177

2020 MAY 11 9:53
MICHIGAN SECRETARY OF STATE

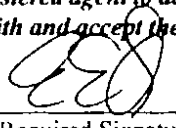
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1, 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.)

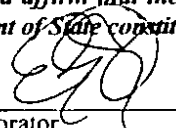
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/1/2020
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

4/1/2020
Date