

P20000037800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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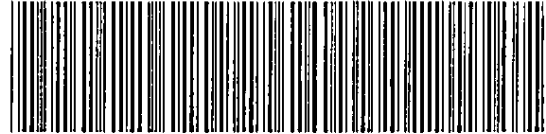
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Department of State  
Division of Corporations

Stealth Courier LLC  
1531 Commonwealth Business Dr.  
Ste 105  
Tallahassee, Fl. 32303  
850-294-5632

## **Stealth Courier Box**

Company: Cirilo Tello Molina Co  
Requester: Corp. Svcs Intl

## COVER LETTER

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

**SUBJECT:** CIRILO TELLO MOLINA CO

(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:** CORP SVCS INTL

Name (Printed or typed)

7050 W PALMETTO PARK ROAD. #15-300.

Address

BOCA RATON , FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@CORPSVCSINTL.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: CIRILO TELLO MOLINA CO

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

5550 GLADES ROAD. #300.

7050 W PALMETTO PARK ROAD. #15-300.

BOCA RATON, FL 33431

BOCA RATON, FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

INTERNATIONAL REAL ESTATE INVESTMENTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ESPINOZA, FORTUNATA. PRESIDENT.

Name and Title: \_\_\_\_\_

Address 9907 THREE LAKES CIRCLE.

Address: \_\_\_\_\_

BOCA RATON, FL 33428

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 MAY 26 AM 11:51  
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: CARLA MARCELO  
Address: 7050 W PALMETTO PARK ROAD. #15-300.  
BOCA RATON, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PATRICIO FRIAS  
Address: 7050 W PALMETTO PARK ROAD. #15-300.  
BOCA RATON, FL 33433

**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

MAY 23, 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

MAY 23, 2020

Date