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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUTQUINOS@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
COMERCIALIZADORA IMPORT 21, INC

Certificate of Status	0
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COVER LETTER

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

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SUBJECT: COMERCIALIZADORA IMPORT 21 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
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: SCALETTA, LUIGI B.

Name (Printed or typed)

8670 TAFT ST

Address

PEMBROKE PINES, FL 33024

City, State & Zip

(954) 655-8413

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

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

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

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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: COMERCIALIZADORA IMPORT 21 INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

8670 TAFT ST.

Mailing address, if different is:

PEMBROKE PINES, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCALETTA, LUIGI B. (P)

Name and Title:

Address

8670 TAFT ST

Address:

PEMBROKE PINES, FL 33024

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H200007912022

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: SCALETTA, LUIGI B.
Address: 8670 TAFT ST
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SCALETTA, LUIGI B.
Address: 8670 TAFT ST
PEMBROKE PINES, FL 33024

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

LUIGI SCALETTA
Required Signature/Registered Agent

08/27/2020

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.

LUIGI SCALETTA
Required Signature/Incorporator

08/27/2020

Date

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