

P2000075765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

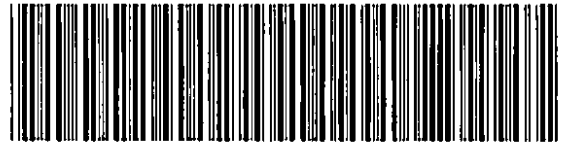
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/20--01017--012 **70.00

SEP 29 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP 29 AM 10:02

FILED

N. CULLIG, CLERK

SEP 30 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EDGEWATER SOLUTIONS ONE CORP

Signature

Requested by: SETH

09/29/20

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

COVER LETTER

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

SUBJECT: EDGEWATER SOLUTIONS ONE 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 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: Mimi Bared

Name (Printed or typed)

201 Alhambra Circle, Suite 501

Address

Coral Gables, FL 33134

City, State & Zip

305-666-6010

Daytime Telephone number

mimi@baredlaw.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 **EDGEWATER SOLUTIONS ONE CORP.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Mailing address, if different is:
201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any all all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares at \$1.00 Par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diego Casas, PS
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Name and Title: _____
Address: _____

Name and Title: Jaime Villagordoa Resa, VP
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

Name and Title: _____
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: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

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

September 29, 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

September 29, 2020
Date

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TALLAHASSEE, FL