

P20000089999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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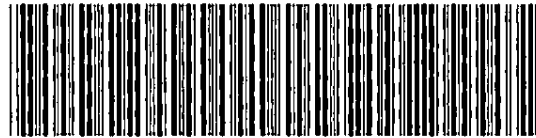
(Business Entity Name)

(Document Number)

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

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11/20/20--01005--001 \*\*70.00

2020 NOV 20 AM 8:20

2020 NOV 20 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

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

**SUBJECT:** FLOR OVALLE, 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:** LOUIS R. DIAZ

Name (Printed or typed)

110 HIALEAH DRIVE

Address

HIALEAH, FL. 33010

City, State & Zip

305-810-8509

Daytime Telephone number

YOLIMAOVALLE@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)

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ARTICLE I NAME

The name of the corporation shall be: FLOR OVALLE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4751 SW 154TH AVE

MIAMI, FL. 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL FOR PROFIT ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FLOR OVALLE PRESIDENT

Name and Title:

Address

4751 SW 154TH AVE

Address:

MIAMI, FL. 33185

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MIAMI TAX EXPERT, INC.

Address: 110 HIALEAH DRIVE

HIALEAH, FL. 33010

**ARTICLE VII INCORPORATOR**

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

Name: LOUIS R. DIAZ

Address: 110 HIALEAH DRIVE

HIALEAH, FL. 33010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/19/2020. (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.)

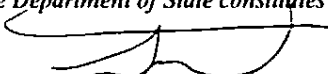
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

11/19/2020  
\_\_\_\_\_  
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

11/19/2020  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED