

**P20000408513**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : DOCUMENT PLANET INC  
Account Number : I20180000095  
Phone : (305)510-3848  
Fax Number : (786)789-2416

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

Email Address: INFO@DOCUMENTPLANETINC.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AB & Y INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** CASTILLO AB & Y INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_  
9044 HICKORY CIRCLE  
TAMPA, FL 33615  
Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ALL LAWEFUL BUISNESS  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: YARDO M CASTILLO NAVARRO (P) Name and Title: \_\_\_\_\_

Address: 9044 HICKORY CIRCLE Address: \_\_\_\_\_  
TAMPA, FL 33615 \_\_\_\_\_

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

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

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

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

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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: DOCUMENT PLANET INC.COM  
Address: 4167 NW 135 STREET  
OPA LOCKA FL 33054

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: YARDO M CASTILLO NAVARRO  
Address: 9044 HICKORY CIRCLE  
TAMPA FL 33615

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*

Onerrira Pou

Required Signature/Registered Agent

12/03/2020

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.*

Yardo M Castillo Navarro

Required Signature/Incorporator

12/03/2020

Date