

P20000098400

12/22/2020

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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

From:
Account Name : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (305)503-7123

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

Email Address: __jackiejaime@yahoo.com

2020 DEC 22 PM 2:37

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEGAL DOCUMENTS SOLUTIONS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

**J DENNIS
DEC 23 2020**

COVER LETTER

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

SUBJECT: Legal Documents Solutions 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: Jacqueline Jaime
Name (Printed or typed)

7480 Miami Lakes Dr. Apt. G303
Address

Miami Lakes, Florida 33054
City, State & Zip

786-234-5250
Daytime Telephone number

jackiejaime@yahoo.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:

Legal Documents Solutions Corp.ARTICLE II PRINCIPAL OFFICE

Principal street address

4167 NW 135th St.Opa Locka FL 33054

Mailing address, if different is:

7480 Miami Lakes Dr. Apt. G303Miami Lakes FL33014ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jacqueline Jaime - P

Name and Title:

Address

7480 Miami Lakes Dr.

Address:

Apt. G303Miami Lakes FL 33014

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacqueline Jaime
Address: 7480 Miami Lakes Dr. Apt. G303
Miami Lakes Fl. 33014

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jacqueline Jaime
Address: 7480 Miami Lakes Dr. Apt. G303
Miami Lakes Fl. 33014

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 12/22/2020 (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

Jacqueline Jaime
Required Signature/Registered Agent

12/22/20
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.

Jacqueline Jaime
Required Signature/Incorporator

12/22/20
Date