

P21000005314

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PAPILLON UNITED, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

21 JAN 26 PM 3:11

2021 JAN 26 PM 12:54

COVER LETTER

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

SUBJECT: PAPILLON UNITED, 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: PAPILLON UNITED, INC.
Name (Printed or typed)

2045 BISCAYN BLVD, STE 351
Address

MIAMI, FL 33137
City, State & Zip

(305)970-2116
Daytime Telephone number

papillonunited@gmail.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 NAMEThe name of the corporation shall be: PAPILLON UNITED, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address2045 BISCAYN BLVD, STE 351MIAMI, FL 33137

Mailing address, if different is:

2045 BISCAYN BLVD, STE 351MIAMI, FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BELL, SHOSHANNA - P

Name and Title: _____

Address 2045 BISCAYN BLVD, STE 351

Address: _____

MIAMI, FL 33137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILED
CLERK OF DISTRICT COURT
MIAMI, FL 33137

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: BELL, SHOSHANNA

Address: 2045 BISCAYN BLVD, STE 351

MIAMI, FL 33137

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BELL, SHOSHANNA

Address: 2045 BISCAYN BLVD, STE 351

MIAMI, FL 33137

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

Shoshanna Bell

Required Signature/Registered Agent

01/26/2021

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.

Shoshanna Bell

Required Signature/Incorporator

01/26/2021

Date

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JAN 26 2021