

P21000007084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

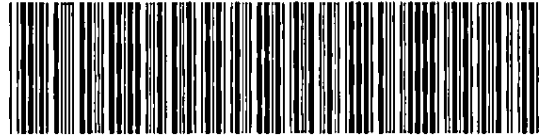
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500358808275

02/01/21 - 01020--005 **70.00

21 FEB - 1 PM 14:42

RECEIVED
OFFICE OF
THE CLERK

2021 FEB - 1 PM 12:41
RECEIVED
OFFICE OF THE CLERK
STATE OF FLORIDA

1:14 PM

CAPITAL CONNECTION, INC.

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

ALONSO CARPENTRY INC

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

112 Pender & Poring • Thomasville, GA 31780

____ 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: ALONSO CARPENTRY 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARIA E RUIZ
Name (Printed or typed)
7750 SW 117TH AVE SUITE 203
Address
MIAMI FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.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: ALONSO CARPENTRY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

18177 SW 154 COURT

MIAMI FLORIDA 33187

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YASER ALONSO PALAU, PRES

Address

18177 SW 154 COURT

MIAMI FLORIDA 33187

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2021 FEB - 11 PM 12:42
SECRET
STATE

1. ED

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: YASER ALONSO PALAU
Address: 18177 SW 154 COURT
MIAMI FLORIDA 33187

ARTICLE VII INCORPORATOR

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

Name: YASER ALONSO PALAU
Address: 18177 SW 154 COURT
MIAMI FLORIDA 33187

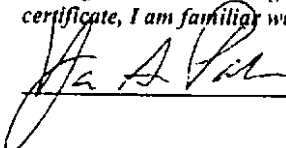
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/02/2021 (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

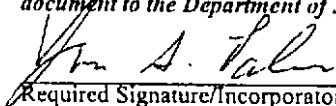


Required Signature/Registered Agent

01/31/2021

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.



Required Signature/Incorporator

01/31/2021

Date

2021 FEB -1 PM 12:42
DEPT. OF STATE
FILING OFFICE
TALLAHASSEE, FL