

P21000026838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

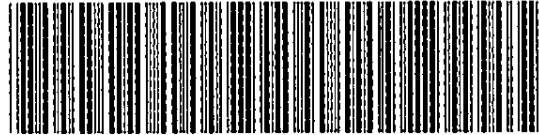
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/21--01022--006 **70.00

2021 MAR 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL
21 MAR 26 AM 2:07

CAPITAL CONNECTION, INC.

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

Francisca Envios 1 Inc

Signature _____

Requested by: SETH

03/26/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Ponder's Printing • Thomasville, GA 30084

____ 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 _____
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____ UCC 1 or 3 File _____
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____ Courier _____

COVER LETTER

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

SUBJECT: Francisca Envios 1 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: Edgardo A. Meza
Name (Printed or typed)

1749 NW 21 Terrace
Address

Miami FL 33142
City, State & Zip

773-307-3207
Daytime Telephone number

Labea.Meza@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)

FILED

2021 MAR 26 AM 11:06

ARTICLE I NAME

The name of the corporation shall be: FRANCISCO ENVIOS I INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1749 NW 21 TERRACE
MIAMI FL 33142

Mailing address, if different is:

SAME

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "ANY AND ALL LAWFULL BUSINESS"

ARTICLE IV SHARES

The number of shares of stock is: 100 STOCKS AT 1/PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgardo A. MEZA (P, D)

Address: 850 HOWELL DRIVE
GENEVA IL 60134

Name and Title: HELEN J. MEDRANO (VP, S, D)

Address: 9650 FOUNTAINBLEAU
BLVD. #4
MIAMI FL 33172

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: PARLADÉ LAW FIRM P.A.
Address: 7050 S.W. 86 AVENUE.
MIAMI FL. 33143-2426.

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edgardo A. Meza
Address: 850 Howell Drive
Geneva IL 60134

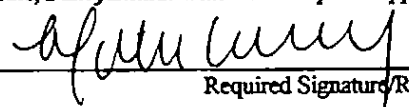
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

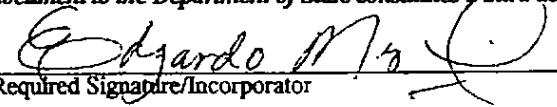
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 3/25/21
Required Signature/Registered Agent 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.

 3/25/21
Required Signature/Incorporator Date