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2021 MAR - 1 AM 11:51
FILING OFFICE

3/01/21

COVER LETTER

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

SUBJECT: WALKIDIA G REYES PA
(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: FARAH CRUZ
Name (Printed or typed)

20 S ROSE AVE STE 4
Address

KISSIMMEE, FL 34741
City, State & Zip

(407) 201-7988
Daytime Telephone number

INFO@FAILSAFETAX.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: WALKIDIA G REYES PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

4639 STURBRIDGE CT

ORLANDO, FL 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURCHASE, SALE AND INVESTMENT OF
REAL ESTATE ON BEHALF OF OTHERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALKIDIA G REYES PRESIDENT

Name and Title: _____

Address: 4639 STURBRIDGE CT

Address: _____

ORLANDO, FL 32812

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE, FLORIDA

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: FAIL SAFE ACCOUNTING LLC

Address: 20 S ROSE AVE STE 4

KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name WALKIDIA G REYES

Address 4639 STURBRIDGE CT

ORLANDO, FL 32812

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.

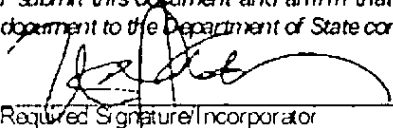
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04/23/2021
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 s817.155, F.S.



Required Signature/Incorporator

04/23/2021
Date