



Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: MONICA SAVAGE 906MAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
PULIDO ENTERPRISE, INC**

Certificate of Status	0
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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: **PULIDO ENTERPRISE, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1603 NW 81ST AVE

CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOHN PULIDO** Name and Title: **PRESIDENT**

Address: **1603 NW 81ST AVE** Address: **CORAL SPRINGS, FL 33071**

Name and Title: **MONICA PULIDO** Name and Title: **DIRECTOR Vice President**
Address: **1603 NW 81ST AVE** Address: **CORAL SPRINGS, FL 33071**

Name and Title: _____ Name and Title: _____

Address: _____ 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: JOHN PULIDO
Address: 1603 NW 81ST AVE
Address: CORAL SPRINGS, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOHN PULIDO
Address: 1603 NW 81ST AVE
Address: CORAL SPRINGS, FL 33071

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

John Pulido

Required Signature/Registered Agent

5/11/21

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.

John Pulido

Required Signature/Incorporator

5/11/21

Date