

P21000066535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

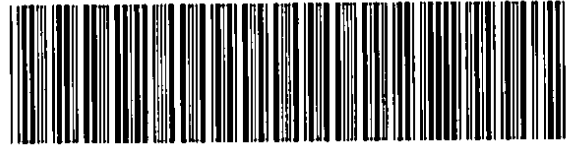
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FL

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: INVESTMENT General Solutions 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Ricardo Echeverria
Name (Printed or typed)

6552 NW 172ND LN
Address

Hialeah Florida 33015
City, State & Zip

832-904-0352
Daytime Telephone number

ERicardo88@yahoo.es
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:

Investment General Solutions INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6552 NW 172ND LN
Hialeah FL 33015

6552 NW 172ND LN
Hialeah FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Echeverria (president) Name and Title: _____

Address 6552 NW 172ND LN Address: _____
Hialeah FL 33015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Ricardo Echevarria
Address: 6552 NW 172ND LN
Hialeah FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ricardo Echevarria
Address: 6552 NW 172ND LN
Hialeah FL 33015

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SECRETARY OF STATE
TALLAHASSEE FL

ED

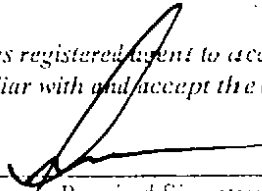
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/21/21 (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.)

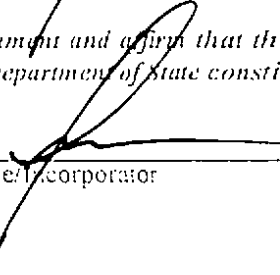
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/21/21
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.


Required Signature/Incorporator

7/21/21
Date