

# P21000068870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

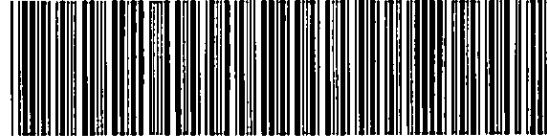
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 JUL 13 PM 8:33

SEATTLE  
TALAMON

SB  
7.29.21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2021

DQYQNERO MQRTINEZ  
1910 LAKE WORTH RD STE C  
LAKE WORTH, FL 33461

SUBJECT: DEL PUEBLO MULTI-SERVICES CORP 2  
Ref. Number: W21000100390

2021 JUL 26 PM 2:32

We have received your document for DEL PUEBLO MULTI-SERVICES CORP 2 and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

It appears that the word in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled . If you did not misspell this word intentionally, please correct the spelling to read , and resubmit the document for processing.

SUFFIX NEEDS TO BE INSIDE CORP NAME > CAN NOT READ DOC.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey  
Regulatory Specialist II

Letter Number: 621A00016174

21 JUL 13 PM 8:37  
FILED  
STATE OF FLORIDA  
TALLAHASSEE

## COVER LETTER

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

SUBJECT: DEL PUEBLO MULTI-SERVICES #2, CORP.  
(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: DAYANARA S. MARTINEZ  
Name (Printed or typed)

6128 S. CONGRESS AVE, SUITE C,  
Address

LANTANA, FL. 33462  
City, State & Zip

561-448-7500  
Daytime Telephone number

delpuebloms@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

21 JUL 13 PM 6:33  
FILED  
TALLAHASSEE, FL. 32314

**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: DEL PUEBLO MULTI-SERVICES #2, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6128 S. CONGRESS AVE.,

SUITE C,

LANTANA, FL. 33462

Mailing address, if different is:

6128 S. CONGRESS AVE.,

SUITE C,

LANTANA, FL. 33462

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CARLOS R. MEJIA (P)

Address 6128 S. CONGRESS AVE.,

SUITE C,

LANTANA, FL. 33462

Name and Title: DAYANARA S. MARTINEZ (VP)

Address 6128 S. CONGRESS AVE.,

SUITE C,

LANTANA, FL. 33462

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
21 JUL 13 PM 8:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, 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: DAYANARA S. MARTINEZ

Address: 1910 LAKE WORTH RD, SUITE C,

LAKE WORTH, FL. 33461

**ARTICLE VII INCORPORATOR**

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

Name: DAYANARA S. MARTINEZ

Address: 1910 LAKE WORTH RD, SUITE C,

LAKE WORTH, FL. 33461

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/07/2021 (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

07/07/2021  
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

Date

07/07/2021  
Date  
FILED  
JUL 13 PM 8:33  
TALLAHASSEE, FL  
CLERK OF THE COURT