

2/28/22, 12:31 PM

P22000015362

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000076167 3)))



H220000761673ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLANYCOL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 28 PM 12:31:22 PM 2:20

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

MAR -1 2022

(((H22000076167 3)))

FILED**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

22 FEB 28 PM 10:48

ARTICLE I NAMEThe name of the corporation shall be: **FLANYCOL, INC.**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13621 EAGLE RIDGE DR APT #1528, FORT MYERS, FL 33912

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: **ANY LAWFUL PURPOSES****ARTICLE IV SHARES**The number of shares of stock is: **200****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **HERNAN PRIETO, PRESIDENT**

Name and Title: _____

Address **13621 EAGLE RIDGE DR APT #1528**

Address: _____

FORT MYERS, FL 33912

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(((H22000076167 3)))

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HERNAN PRIETO
 Address: 13621 EAGLE RIDGE DR APT #1528
FORT MYERS, FL 33912

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: HERNAN PRIETO
 Address: 13621 EAGLE RIDGE DR APT #1528
FORT MYERS, FL 33912

FILED
 22 FEB 28 PM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

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*Hernan Prieto

Required Signature/Registered Agent

2/28/2022

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.*Hernan Prieto

Required Signature/Incorporator

2/28/2022

Date