

# P22000023611

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.**

((H22000116379 3)))



H220001163793ABC+

**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 : WF TAXES AND MORE INC.  
Account Number : I20200000043  
Phone : (772)879-0010  
Fax Number : (772)879-0150

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

Email Address: WF TAXES . MORE @ GMAIL . COM

RECEIVED  
2022 MAR 30 AM 11:49  
DIVISION OF CORPORATIONS  
AND COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PUERTO RICO SOUVENIRS BY CARMEN INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

FILED  
2022 MAR 30 PM 11:53  
DIVISION OF CORPORATIONS  
AND COMMERCIAL  
SERVICES

**COVER LETTER**

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

**SUBJECT: PUERTO RICO SOUVENIRS BY CARMEN 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      ☒ \$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: WALTER GOMEZ

Name (Printed or typed)

508 SW PORT SAINT LUCIE BLVD

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-879-0010

Daytime Telephone number

WFTAXES.MORE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

FILED  
2022 MAR 30 PM 11:53  
TALLAHASSEE, FLORIDA

**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: PUERTO RICO SOUVENIRS BY CARMEN INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7188 S US 1  
PORT SAINT LUCIE, FL 34952

Mailing address, if different is:  
7188 S US 1  
PORT SAINT LUCIE, FL 34952

**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: 100

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

Name and Title: ALEJANDRINO GORDON, PRESIDENT

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

Address 7188 S US 1

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

PORT SAINT LUCIE, FL 34952

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2022 MAR 30 PM 11:53  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ST. LUCIE, 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: ALEJANDRINO GORDON  
 Address: 7188 S US 1  
PORT SAINT LUCIE, FL 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTER GOMEZ  
 Address: 508 SW PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

FILED  
 2022 MAR 30 PM 11:53  
 TALLAHASSEE, FLORIDA


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/30/2022 (OPTIONAL)

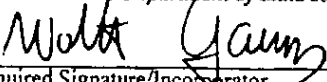
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 03/30/2022  
 Required Signature/Registered Agent 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.*

 03/30/2022  
 Required Signature/Incorporator Date