

4/8/22, 2:45 PM

Division of Corporations

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations

Fax Number : (850)617-6381

## From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064

Phone : (786)566-7026

Fax Number : (205)881-1104

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

Email Address: INFO@BOOKKEEPINGDONERIGHTINC.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION

## PILARES DEL CARIBE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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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: Pilares del Caribe Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all legal business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Albin Dominguez, PresidentAddress 11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173Name and Title: Valerys Suarez, VPAddress: 11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173Name and Title: Alubys Dominguez, VPAddress 11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173

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

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

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

Address \_\_\_\_\_

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

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

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CLERK OF DISTRICT COURT  
JANUARY 10, 2022  
CLERK OF DISTRICT COURT

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: Albin Dominguez  
Address: 11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Albin Dominguez  
Address: 11343 SW 73<sup>rd</sup> Rd Ln  
Miami FL 33173

**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*

Albin Dominguez  
Required Signature/Registered Agent

4.8.2022  
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.*

Albin Dominguez  
Required Signature/Incorporator

4.8.2022  
Date

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