8/14/22, 5:27 PM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305)323-4581
Fax Number : (305)397-1425

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

Email Address: _____

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2022 JUN 15 PM 1:22

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
192 VACATION CONSULTING CORP

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

Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

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

SUBJECT: 192 VACATION CONSULTING 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 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

2022 JUN 15 PM 1:22

FROM: DORIS C POLANCO
Name (Printed or typed)

305 SW 96 CT
Address

MIAMI FL 33174
City, State & Zip

305 323 4581
Daytime Telephone number

doristaxes@outlook.com
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: 192 VACATION CONSULTING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

3800 S. OCEAN DR
HOLLYWOOD, FL 33019

Mailing address, if different is:

SAME

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: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andres E Blanchard Delgado P

Address: 3800 S Ocean Dr
HOLLYWOOD, FL 33019

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2022 JUN 15 PM 1:22

FL

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: Andres E Blanchard Delgado

Address: 3800 S Ocean Dr

HOLLYWOOD, FL 33019

ARTICLE VII INCORPORATOR

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

Name: Doris Polanco

Address: 305 SW 96 CT MIAMI, FL 33174

doristaxes@outlook.com

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.)

2022 JUN 15 PM 1:22

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.

Andres Blanchard Delgado

Required Signature/Registered Agent

06/14/2022

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.

Doris Polanco

Required Signature/Incorporator

06/14/2022

Date