

P22 0000 547 96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

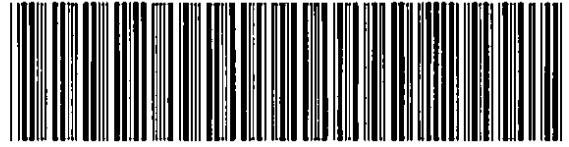
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000390616920

S. CHATHAM

JUL 11 2022

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUL -6 PM 3:05

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22 JUL -6 AM 3:08

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2022 JUL -8 PM 2:30

ALLAHASSEE, FL

July 6, 2022

CAPITAL CONNECTION

SUBJECT: PORTOFINO REGIONAL INC.
Ref. Number: W22000089247

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 322A00015124

22 JUL -8 AM 3:08

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PORTOFINO REGIONAL INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

22 JUL - 8 AM 3:05
B...

Signature _____

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: Portofino Regional 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 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

FROM: Diego L. Restrepo, Esq.,
Name (Printed or typed)

2600 South Douglas Road, Suite 913
Address

Coral Gables FL, 33134
City, State & Zip

305-447-9430
Daytime Telephone number

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

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

22 JUL - 8 AM 3: 08

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: Portofino Regional Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2600 South Douglas Road Suite 913

Coral Gables FL 33134

Mailing address, if different is:
2600 South Douglas Road Suite 913

Coral Gables FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal activity.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

22 JUL 10 AM 3:05

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: International Advisors Service, LLC, Director Name and Title: _____

Address 2600 South Douglas Road Suite 913 Address: _____
Coral Gables FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: International Corporate Service Inc
 Address: 2600 South Douglas Road, Suite 913
Coral Gables FL 33134

ARTICLE VII INCORPORATOR

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

Name: Diego L. Restrepo Esq.,
 Address: 2600 South Douglas Road, Suite 913
Coral Gables Fl, 33134

22 JUL - 8 AM 3:00 PM

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

 Required Signature/Registered Agent 7/6/22
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 7/6/22
Date