

6/20/22, 7:23 PM

Division of Corporations

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Florida Department of State
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP

Account Number : 120190000104

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.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
ARGUELLO PEREYRA INC

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ARGUELLO PEREYRA 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: Doris Polanco

Name (Printed or typed)

305 SW 96 CT

Address

MIAMI, FL 33174

City, State & Zip

3053234581

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.

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ARTICLES OF INCORPORATION

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

ARTICLE I - NAMEThe name of the corporation shall be: ARGUELLO PEREYRA INC**ARTICLE II - PRINCIPAL OFFICE**Principal street address13876 SW 56 ST BOX 177MIAMI, FLORIDA 33175

Mailing address, if different is:

SAME

ARTICLE III - PURPOSEThe purpose for which the corporation is organized is: IMPORT AND EXPORT**ARTICLE IV - SHARES**The number of shares of stock is: 5000**ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sergio M Arguello Pereyra P2837 SW 150 CT

Address:

MIAMI, FLORIDA 33186

Name and Title:

Address:

Name and Title: Maria J Tercero Matus VP2837 SW 150 CT

Address:

MIAMI, FLORIDA 33186

Name and Title:

Address:

Name and Title: SERGIO M Arguello Tercero T2837 SW 150 CT

Address:

MIAMI, FLORIDA 33186

Name and Title:

Address:

2023 JUL -8 PM 2:05

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: DORIS C POLANCO
Address: 305 SW 96 CT
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DORIS C POLANCO
Address: 305 SW 96 CT MIAMI, FL 33174

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.

Doris Polanco

Required Signature/Registered Agent

6/20/2022

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.817.135, F.S.

Doris Polanco

Required Signature/Incorporator

06/20/2022

Date

2023 JUL - 8 PM 2:03
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-20-2022 BY 60322
UCBAW