

P22000078275

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC
Account Number : I20210000155
Phone : (305)226-8727
Fax Number : (305)226-8767

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BETANCO'S PRO SERVICES CORP**

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

2022 OCT 12 AM 10:17

2022 OCT 12 AM 9:12

AS

COVER LETTER

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

SUBJECT: Betanco's Pro Services 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 ☐ \$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: LUCIA Estrella / Licenses & Permits LLC
Name (Printed or typed)

8300 West Flagler Street Suite 114
Address

Miami, FL 33144
City, State & Zip

(305) 226 8727
Daytime Telephone number

ACEV2. Accurate@gmail.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 NAMEThe name of the corporation shall be: Betanco's Pro Services Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address3652 SW 2 Street
Miami, FL 33135

Mailing address, if different is:

3652 SW 2 Street
Miami, FL 33135**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: Delmer BetancoAddress 3652 SW 2 Street
Miami, FL 33135

Name and Title:

President

Address:

Name and Title: Selvin AvilezAddress 3652 SW 2 Street
Miami, FL 33135

Name and Title:

Vice President

Address:

Name and Title: Walter Zuniga PerezAddress 3652 SW 2 Street
Miami, FL 33135

Name and Title:

Director

Address:

EXP. 10/11/2022 AM 3:12

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: Delmer Betanco
Address: 3652 SW 2 Street
Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Delmer Betanco
Address: 3652 SW 2 Street
Miami, FL 33135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/12/22 (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

Delmer Betanco

Required Signature/Registered Agent

10/12/22

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.

Delmer Betanco

Required Signature/Incorporator

10/12/22

Date