

P22000084718

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000381939 3)))



H220003819393ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : XOTCHILTH VALDIVIA
Account Number : I20220000026
Phone : (305)332-1478
Fax Number : (305)456-4563

****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
TRICOUNTY PERMIT SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022-11-08 PM 1:41

2022-11-08 PM 1:41

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

SUBJECT: TRICOUNTY PERMIT SOLUTIONS 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: NAYIBA G. VELA
Name (Printed or typed)

3690 NW 83RD LANE
Address

SUNRISE, FL 33351
City, State ~~Zip~~

305- 794-5575
Daytime Telephone number

NAYIBAGVELA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: **TRICOUNTY PERMIT SOLUTIONS INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**3690 NW 83RD LANE
SUNRISE, FL 33351**

Mailing address, if different is:

**3690 NW 83RD LANE
SUNRISE, FL 33351**

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: **NAYIBA G. VELA - PRESIDENT**

Name and Title:

Address **3690 NW 83RD LANE**

Address:

SUNRISE, FL 33351

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

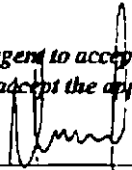
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: NAYIBA G. VELAAddress: 3690 NW 83RD LANESUNRISE, FL 33351**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: NAYIBA G. VELAAddress: 3690 NW 83RD LANESUNRISE, FL 33351**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/08/2022. (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.

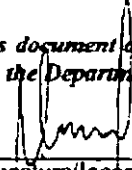
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent11/08/2022

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.



Required Signature/Incorporator11/08/2022

Date