

P23000002850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

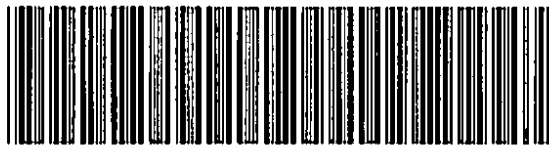
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W2000144312

Office Use Only



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10/27/22--01025--002 \*\*70.00

1-5-23

FILED  
2023 JAN -5 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



77. 5 11 8:47

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2022

PABLO DENOUE  
400 CENTURY 21 DR APT D123  
JACKSONVILLE, FL 32216

SUBJECT: PABLO DENOUE INC  
Ref. Number: W22000144312

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

You cannot pay for an online filing using a check, you must send the paper form along with the check instead. However, since we have your 70 dollars, I am enclosing the proper form that you will need to fill out and mail back to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 122A00025703

## COVER LETTER

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

SUBJECT: Pablo Denove 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  
(Previously sent - see letter)

☐ \$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: Pablo Denove  
Name (Printed or typed)

400 Century 21 Dr Apt D123  
Address

Jacksonville, FL 32216  
City, State & Zip

(904) 728-6185  
Daytime Telephone number

Pablo@ pabladenove.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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Pablo Denave Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
400 Century 21 Dr Apt D123  
Jacksonville, FL 32216

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wholesale Liquidation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pablo Denave President Name and Title: \_\_\_\_\_

Address: 400 Century 21 Dr Apt D123 Address: \_\_\_\_\_  
Jacksonville, FL 32216  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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TALLAHASSEE, FLORIDA

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: Pablo Denoue  
Address: 400 Century 21 Dr Apt D123  
Jacksonville, FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pablo Denoue  
Address: 400 Century 21 Dr Apt D123  
Jacksonville, FL 32216

**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 12/30/22  
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 12/30/22  
Date