

# P23000011593

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To:

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

From:

Account Name : LORETTA VALERO-SMITH  
Account Number : 120210000138  
Phone : (561)674-5575  
Fax Number : (561)282-6317

(4) PAGES

\*\*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 CARCLA ENTERPRISES INC.

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2023 10 10 10:10

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## COVER LETTER

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

SUBJECT: CARCLA ENTERPRISES 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: LORETTA VALERO-SMITH AWS BOOKKEEPING  
Name (Printed or typed) ACCOUNTING INC.

1300 N. FEDERAL HWY STE 107  
Address

BOCA RATON FL 33432  
City, State & Zip

561 674 5575  
Daytime Telephone number

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

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

17 4 2 0000 5718 43

**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: CARCLA ENTERPRISES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1751 W COPANS RD STE 3

Mailing address, if different is:

POMPANO BEACH, FL 33064**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JAVIER R SOLISName and Title: MNGERAddress: 1751 W COPANS RD

Address:

SUITE 3POMPANO BEACH FL  
33064Name and Title: CARLOS A ANTONER

Name and Title:

MNGER

Address:

Address:

1751 W COPANS RDSUITE 3POMPANO BEACH FL 33064Name and Title: CLAUDIA E. UÑATES

Name and Title:

MNGER

Address:

Address:

1751 W COPANS RDSTE 3. POMPANO BEACHFL 33064

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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:

TAVLER R SOLIS

Address:

1751 W CORANS RD STE 3

POHANO BEACH, FL 33064

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

AWS BOOKKEEPING &amp; ACCOUNTING INC.

Address:

1300 N FEDERAL HWY SUITE 107

BOCA RATON, FL 33432

**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

(X)

Required Signature/Registered Agent

(X)

Date

2/13/2023

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

Date

2/11/2023