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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

Email Address: loretta@awstaxes.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Penta MT Inc.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:

PENTA MT 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:

LORETA VALERO-SMITH - AWS BOOKKEEPING
Name (Printed or typed)

& ACCOUNTING INC

1300 N FEDERAL HWY Ste 107
AddressBOCA RATON, FL 33432
City, State & Zip561 674 5575
Daytime Telephone numberLORETA@AWSTAXES.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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TALLAHASSEE, FL
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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:

PENTA MT INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2600 S. UNIVERSITY DRIVE #215

DAVIE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL

BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PATRICIO H

Name and Title:

Address

MANRIQUEZ

Address:

PRESIDENT

2600 S. UNIVERSITY DRIVE # 215

DAVIE, FL 33328

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: PATRICIO H. MARRIOVEZAddress: 2600 S. UNIVERSITY DRIVE # 215
DAVIE, FL 33328ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:

AWS BOOKKEEPING & ACCOUNTING, INC

Address:

1300 N. FEDERAL HWY STE 107
BOCA RATON, FL 33432ARTICLE 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

4-14-23

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

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