

P23 0000 \$ 157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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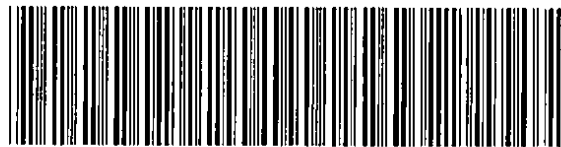
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 16 AM 8:29

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COVER LETTER

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

SUBJECT: NAVEDO ESCAPE & RENEW 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: CHRISTINA NAVEDO
Name (Printed or typed)

2021 ADIRONDACK CIRCLE
Address

MELBOURNE, FLORIDA 32935
City, State & Zip

321-408-4881
Daytime Telephone number

Christina nvd43@gmail.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, FL

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: NAVEDO ESCAPE & RENEW INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2021 ADIRONDACK CIRCLE
MELBOURNE FL 32935

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Real estate Investments

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Treasurer

Name and Title:	<u>Christina Navedo</u>	Name and Title:	<u>Brandon Navedo/Secretary</u>
Address	<u>2021 Adirondack circle</u>	Address:	<u>2021 Adirondack circle</u>
	<u>Melbourne FL 32935</u>		<u>Melbourne FL 32935</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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TALLAHASSEE, FL

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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: Christina Navedo

Address: 2021 Adirondack circle
Melbourne FL 32935

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Christina Navedo

Address: 2021 Adirondack circle
Melbourne FL 32935

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

Christina Navedo

Required Signature/Registered Agent

06/13/2023

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.

Christina Navedo

Required Signature/Incorporator

06/13/2023

Date

DEPARTMENT OF STATE
TALLAHASSEE, FL

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