

8/28/23, 5:03 PM

Division of Corporations

P23000063700

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.**

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To:

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

From:

Account Name : TAX CARE CELEBRATION  
Account Number : I20190000007  
Phone : (786)845-8854  
Fax Number : (321)473-3052

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

Email Address: Jessica.torres@taxcareinc.com

RECEIVED

2023 SEP -5 PM 2:09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

FLORIDA PROFIT/NON PROFIT CORPORATION

305 MIAMI WAKE GROUP INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70.00 |

## COVER LETTER

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

SUBJECT: 305 WAKE GROUP 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: TAX CARE CELEBRATION

Name (Printed or typed)

1400 NW 107TH AVE STE 203

Address

SWEETWATER, FLORIDA 33172

City, State & Zip

786-845-8854

Daytime Telephone number

JESSICA.TORRES@TAXCAREINC.COM

E-mail address: (to be used for future annual report notification)

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

**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: 305 WAKE GROUP INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

250 NW 23RD ST #301

250 NW 23RD ST #301

MIAMI, FLORIDA 33127

MIAMI, FLORIDA 33127

**ARTICLE III PURPOSE**

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

TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A CORPORATION MAY BE  
ORGANIZED IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: GABRIEL HATEM, PRES.

Name and Title: LILLIE PENA, VP

Address: 250 NW 23RD ST #301

Address: 250 NW 23RD ST #301

MIAMI, FLORIDA 33127

MIAMI, FLORIDA 33127

Name and Title: JOSE SEQUERA, SEC

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

Address: 250 NW 23RD ST #301

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

MIAMI, FLORIDA 33127

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

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

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

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

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: TAX CARE CELEBRATION  
Address: 1400 NW 107TH AVE STE 203  
SWEETWATER, FLORIDA 33172

**ARTICLE VII INCORPORATOR**

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

Name: GABRIEL HATEM  
Address: 250 NW 23RD ST #301  
MIAMI, FLORIDA 33127

**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:*

Gabriel Hatem 09/05/2023  
Required Signature/Registered Agent 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.*

Gabriel Hatem 09/05/2023  
Required Signature/Incorporator Date