

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 : TAX CARE CELEBRATION  
 Account Number : 120190000007  
 Phone : (561)873-5007  
 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: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
 AVELAR LEGACY PROPERTIES INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

2024 FEB 12 PM 1:21  
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T.J.H.  
 2/13/24

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Help



February 12, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAX CARE CELEBRATION

SUBJECT: AVELEAR LEGACY PROPERTIES INC  
REF: W24000023372

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

Tabitha J Howell  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H24000055612  
Letter Number: 024A00003091

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: AVELAR LEGACY PROPERTIES 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: TAX CARE CELEBRATION

Name (Printed or typed)

1400 NW 107TH AVE STE 203

Address

SWEETWATER, FLORIDA 33172

City, State & Zip

(786) 878-0957

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: AVELAR LEGACY PROPERTIES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1192 WEST REDDING ST

HERNANDO, FLORIDA 34442

Mailing address, if different is:  
1192 WEST REDDING ST

HERNANDO, FLORIDA 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Primarily Real Estate and any other lawful  
business for which a corporation may be organized in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Roger Avelar, President

Address: 1192 WEST REDDING ST

HERNANDO, FLORIDA 34442

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

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

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

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

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

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

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

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

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

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

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SECRETARY OF STATE

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: YULITZA M AGUIRRE

Address: 7800 SAND LAKE RD. STE 208

ORLANDO, FLORIDA 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TAX CARE CELEBRATION

Address: 1400 NW 107TH AVE STE 203

SWEETWATER, FLORIDA 33172

**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*

*Yulitza M. Aguirre*  
Required Signature/Registered Agent

02/09/2024  
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.*

*Roger Avelar*  
Required Signature/Incorporator

02/09/2024  
Date

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