

P21000001701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

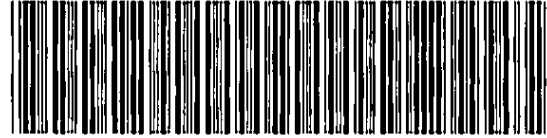
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JAN -8 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -8 AM 11:28

FILED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PRONTO CORAL SPRINGS A CORP.

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: BA

1/07/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Valk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: Pronto Coral Springs A Corp.**  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mimi Bared  
Name (Printed or typed)

201 Alhambra Circle, Suite 501  
Address

Coral Gables, FL 33134  
City, State & Zip

305-666-6010  
Daytime Telephone number

mimi@baredlaw.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** Pronto Coral Springs A Corp.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

Mailing address, if different is:  
201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any all all lawful business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 Shares at \$1.00 Par Value.

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

Name and Title: Jack Amkie Harari, President Name and Title: \_\_\_\_\_  
Address: 201 Alhambra Circle, Suite 501 Address: \_\_\_\_\_  
Coral Gables, FL 33134

Name and Title: Alegria Achar Levy, Secretary Name and Title: \_\_\_\_\_  
Address: 201 Alhambra Circle, Suite 501 Address: \_\_\_\_\_  
Coral Gables, FL 33134

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: Pablo R. Bared, Esq.  
Address: 201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pablo R. Bared, Esq.  
Address: 201 Alhambra Circle, Suite 501  
Coral Gables, FL 33134

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

January 7, 2021  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

January 7, 2021  
Date

2021 JAN -8 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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