

P21000031374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

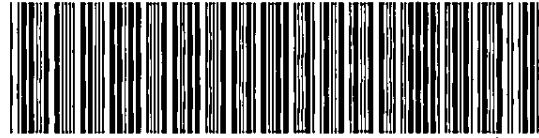
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600363653896

04/08/21--01004--019 \*70.00

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 APR -8 AM 9:47  
21 APR -8 PM 2:36

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# CAPITAL CONNECTION, INC.

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

C M ORINOKIA BIULLING COMPANY INC

- \_\_\_ 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: SETH

04/06/21

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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

## COVER LETTER

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

SUBJECT: C M ORINOKIA BILLING COMPANY 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

<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: MARIA ERUIZ  
Name (Printed or typed)

7750 SW 117TH AVE SUITE 203  
Address

MIAMI FLORIDA 33183  
City, State & Zip

305 595-2407  
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.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)

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ARTICLE I NAME

The name of the corporation shall be: C M ORINOKIA BILLING COMPANY INC

2021 APR 8 AM 9:47

ARTICLE II PRINCIPAL OFFICE

Principal street address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD FLORIDA 33033

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33183

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE MANUEL FERREIRA, PRES

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: ADRIAN GONCALVES, VP

Address:

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: JOHN HURTADO, SEC

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: ANGEL GARRIDO, TREASURER

Address:

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: OSCAR HURTADO, CEO

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title:

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: OSCAR HURTADO  
 Address: 3064 SE 1ST DRIVE UNIT 12  
HOMESTEAD, FLORIDA 33033

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE MANUEL FERREIRA  
 Address: 3064 SE 1ST DRIVE UNIT 12  
HOMESTEAD, FLORIDA 33033

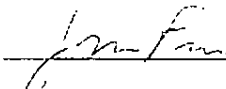
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/10/2021 (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*

  
 Required Signature/Registered Agent

04/08/2021  
 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

04/08/2021  
 Date

SECRETARY OF STATE  
 TALLAHASSEE, FL

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