

N100000010700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

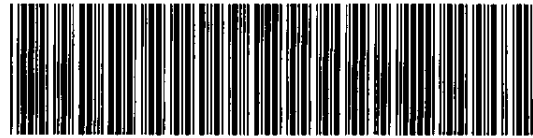
Special Instructions to Filing Officer:

Office Use Only

513-6408-6216-2553

621-

W10000045804



100185848121

09/28/10 ✓ 0104-002 **70.00

Check returned -

✓ 100185848121
11/02/10--01016--002 **85.00

Replacement fee.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:57

gn 11/16/10

COVER LETTER

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

SUBJECT: SOMBRAS KITTYLAND CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: 2014
ZULY COBAS
Name (Printed or typed)

3765 NW. 174 ST
Address

Miami Gardens, FL 33055
City, State & Zip

786-539-6750
Daytime Telephone number

Sombraskittyland@yahoo.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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DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:57



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DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2010

TROPICAL MEDICAL PLAN INC.
4000 PONCE DE LEON BLVD. #470
CORAL GABLES, FL 33146

SUBJECT: SOMBRASKITTY LAND
Ref. Number: W10000045864

We have received your document for SOMBRASKITTY LAND and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A Non-profit corporation can not have stock or stockholders.

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 110A00025821



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2010

TROPICAL MEDICAL PLAN, INC.
4000 PONCE DE LEON BLVD., #470
CORAL GABLES, FL 33146

SUBJECT: SOMBRASKITTYLAND, CORP
Ref. Number: W1100000458647

Memo #: 01992-C

This letter is to inform you that your check number 001013 for \$70.00, which was dated September 26, 2010 and submitted for SOMBRASKITTYLAND, CORP has been returned to us by your bank because of NON-SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for SOMBRASKITTYLAND, CORP has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of ~~\$85.00~~ as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: CLARETHA GOLDEN
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureau of Commercial Recording

Letter Number: 210A00024630

cc: ZULY COBAS
3765 NW 174 STREET
MIAMI GARDENS, FL 33055

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DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2010

ZULY COBAS
3765 NW 174 STREET
MIAMI GARDENS, FL 33055

SUBJECT: SOMBRASKITTYLAND, CORP
Ref. Number: W10000045864

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58

We have received your document for SOMBRASKITTYLAND, CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 710A00024151



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2010

ZULY COBAS
3765 NW 174 STREET
MIAMI GARDENS, FL 33055

SUBJECT: ZULY COBAS
Ref. Number: W10000045864

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58

We have received your document for ZULY COBAS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 410A00023272



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

LEN LOGAN
1327 ASHLEY RIVER ROAD
BUILDING C - SUITE 200
CHARLESTON, SC 29407

SUBJECT: OCEANUS INSURANCE COMPANY
Ref. Number: W10000043220

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58

We have received your document for OCEANUS INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,250.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 710A00021872

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

EFFECTIVE DATE

11/01/11

ARTICLE I NAME

The name of the corporation shall be:

~~SombraskittyLAND, CORP~~ SombraskittyLAND, CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

~~3765 NW 174 St~~ 3765 NW 174 St
Miami Gardens, FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help ~~stray~~ Stray Animal cats & Dogs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

N/A as stated in the
by LAWS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

N/A

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DIVISION OF CORPORATIONS
2010 NOV 12 PM 4:58

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Zuly V. Cobas
3765 NW 174 St, Miami Gardens, Florida 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~Zuly V Cobas~~ Zuly V Cobas
~~3765 NW 174 St, Miami Gardens, FL 33055~~

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.

Zuly Cobas
Signature/Registered Agent

9-15-10
Date

Reviewed
10-3-10

Zuly Cobas
Signature/Incorporator

9-15-10
Date

Reviewed
10/3/10

Article VIII
Effective date should be 11/1/11

Reviewed
11/8/10