

11/13/2019

Division of Corporations

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Division of Corporations

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To:

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

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000184
Phone : (305)480-0269
Fax Number : (305)480-0518

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

Email Address: Tux@donstaxs.comSECRETARY OF STATE
TALLAHASSEE FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GRUPO CHAKAO CORP**

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COVER LETTER

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

SUBJECT: GRUPO CHACKAO 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: DORIS ACCOUNTING & TAX SERVICE CORP

Name (Printed or typed)

10154 W FLAGLER ST

Address

MIAMI, FL 33174

City, State & Zip

(305) 480-0269

Daytime Telephone number

TAXES@DORISTAXES.COM

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

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

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: CAROLINA P. MEZA ACOSTA
Address: 8955 W 33RD AVE
HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS POLANCO
Address: 10154 W FLAGLER ST
MIAMI, FL 33174

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:

Carolina Meza

Required Signature of Registered Agent

11/13/19

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Doris Polanco

Required Signature of Incorporator

11/13/19

Date

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

ARTICLE I NAME

The name of the corporation shall be: GRUPO CHAKAO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8955 W 33RD AVE

Mailing address, if different is:
SAME

HIALEAH, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL OF CLOTHING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JOSE O. MEZA RAMOS (P)</u>	Name and Title:	<u>EDITH T. ROSALES (DIR)</u>
Address	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>	Address:	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>
Name and Title:	<u>CAROLINA P. MEZA ACOSTA (VP)</u>	Name and Title:	<u>JESSICA M. MEZA ROSALES (S)</u>
Address	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>	Address:	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>
Name and Title:	<u>ORLANDO J. MEZA ROSALES (VP)</u>	Name and Title:	<u>ISAIAS D. MEZA ROSALES (T)</u>
Address	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>	Address:	<u>8955 W 33RD AVE</u> <u>HIALEAH, FL 33018</u>