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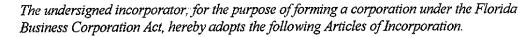
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300003388273--6
-09/11/00--01096--006
*****78.75 *****78.75

SUBJECT: ___JUANITA NACIONAL, CO._____

(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

☐ $122.50
Filing Fee
& Certified Copy

☐ $131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ___JUANA ASTETE___

Name (Printed or typed)

___7939 N.W. 41 COURT___

Address

___SUNRISE FLORIDA 33351___

City, State & Zip

___(954)___

Daytime Telephone number

00 SEP 11 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

T BROWN SEP 1 3 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I   NAME

The name of the corporation shall be:

JUANITA NACIONAL, CO.

ARTICLE II   PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5934 HALLANDALE BEACH BLVD.

HOLLYWOOD, FL 33023

ARTICLE III   SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300   / $10.00

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Alvaro Trujillo
1380 NW 78 Ave
Miami, FL 33126

ARTICLE V   INCORPORATOR

The **name and address** of the incorporator to these Articles of Incorporation are:

JUANA ASTETE
7939 NW 41 Court
Sunrise, FL 33351

_____
Signature/Incorporator

09/06/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

_____
Signature/Registered Agent

9/6/00
Date