

PO3000033254

(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



400013719194

03/12/03--01044--008 \*\*78.75

FILED

03 MAR 24 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W03-7451

## TRANSMITTAL LETTER

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

SUBJECT: SAMUEL QUIZHPE, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: SAMUEL QUIZHPE  
Name (Printed or typed)

307 CAPE CORAL PKWY. AP #2  
Address

CAPE CORAL FL 33904  
City, State & Zip

470-0187  
Daytime Telephone number

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

**MARCH 19, 2003**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
TALLAHASSEE, FL 32314**

**ATT: BECKY MCKNIGHT  
DOCUMENT SPECIALIST  
NEW FILINGS SECTION**

**RE: LETTER NUMBER: 103A00016192  
REF.NUMBER:W03000007451  
SUBJECT: SAMUEL QUIZHPE, INC.**

**DEAR MS. MCKNIGHT,**

**THANK YOU FOR YOUR TIME ON THE PHONE TODAY.**

**WE HAVE ENTERED THE PROPER NAME UNDER REGISTERED AGENT IN ARTICLE VI.**

**WE HAD PUT HER FULL NAME PLEASE SEE ATTACHED. THE NAME SHOULD BE. JUANA  
M. VINANZACA.**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT 239-470-8444. MY NAME IS  
ROBERT.**

**THANK YOU!**

**ROBERT FERRIS**



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 14, 2003

SAMUEL QUIZHPE  
307 CAPE CORAL PKWY APT 2  
CAPE CORAL, FL 33904

SUBJECT: SAMUEL QUIZHPE, INC.  
Ref. Number: W03000007451

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

YOU CAN ONLY LIST ON PERSON AS THE REGISTERED AGENT IN ARTICLE VI. PLEASE CORRECT AND RESEND.,

Please return the 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 103A00016192

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **SAMUEL QUIZHPE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **307 CAPE CORAL PARKWAY  
APP. #2  
CAPE CORAL, FL 33904**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**All Business**

**ARTICLE IV SHARES**

The number of shares of stock is:  
**10,000**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

FILED  
03 MAR 24 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: **JUANA MARIA  
VINANZACA RODRIGUEZ  
307 CAPE CORAL PKWY APP#2  
CAPE CORAL, FL 33904**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **JUANA MARIA VINANZACA RODRIGUEZ  
307 CAPE CORAL PKWY APP#2  
CAPE CORAL, FL 33904**

\*\*\*\*\*  
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

Juana M. Vinanzaca  
Signature/Registered Agent

Jan 3/19/003  
Date

Juana M. Vinanzaca  
Signature/Incorporator

3/19/003  
Date