

P04000085707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

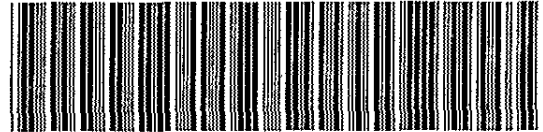
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400036230514

05/17/04--01053--016 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN - 1 PM 4:30

ms 6/1

TRANSMITTAL LETTER

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

SUBJECT: Orumla Enterprises, 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: Tax Defense Center, Inc.
Name (Printed or typed)

2350 W 84th ST #11
Address

Hialeah, FL 33016
City, State & Zip

305-825-2500
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 18, 2004

TAX DEFENSE CENTER, INC.
2350 W. 84TH STREET #11
HIALEAH, FL 33016

SUBJECT: ORUNLA ENTERPRISES, INC.
Ref. Number: W04000019153

We have received your document for ORUNLA ENTERPRISES, 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):

The name of the entity must be identical throughout the document.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 304A00034774

RECEIVED
04 JUN - 1 PM 4:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
ORUNLA ENTERPRISES, INC.**

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for the purpose of becoming a corporation under the laws of the State of Florida authorizing the formation of corporations.

ARTICLE I

The name of this corporation shall be:

ORUNLA ENTERPRISES, INC.

ARTICLE II

The purpose is to engage in any activities of business permitted under the laws of the United States and the State of Florida.

ARTICLE III

It shall have authority to issue 100 shares of stock, all of one class, with \$ 1.00 par value.

ARTICLE IV

The corporation shall begin with \$ 100.00 capital.

ARTICLE V

The period of its duration is perpetual.

ARTICLE VI

The address of its principal office is:

**15 E 44TH Street
Hialeah, FL 33013**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN - 1 PM 4:30

ARTICLE V11

The number of directors constituting its initial Board of Directors is
(1) whose name(s) and address(es) is (are):

Claudia Arriaran
15 E 44th Street
Hialeah, FL 33013
President

ARTICLE V111

The name and address of the subscriber is:

Claudia Arriaran
15 E 44th Street
Hialeah, FL 33013

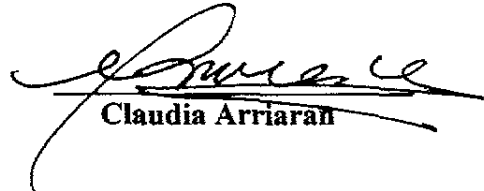
ARTICLE IX

The registered agent and registered office for the corporation shall
be:

TAX DEFENSE CENTER, INC.
2350 W 84th Street #20
Hialeah, FL 33016

ARTICLE X

Shareholders shall be entitled to preemptive rights.


Claudia Arriaran

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.
IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST THAT **ORUNLA ENTERPRISES, INC.** OR QUALIFY UNDER THE LAWS
OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT
THE CITY OF HIALEAH,
STATE OF FLORIDA HAS NAMED TAX DEFENSE CENTER, INC. AS ITS
AGENTS TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature: 
Claudia Arriaran

Title: PRESIDENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES.

Signature: 
Elysabet Montanez
Tax Defense Center, Inc.

Date: 5/7/04

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUN - 1 PM 4:30