

# P04000085707

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

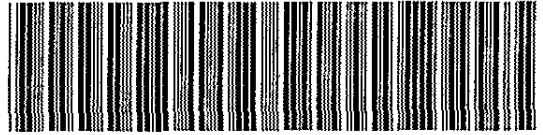
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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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 Depense Center, Inc.  
Name (Printed or typed)

2350 W 84<sup>th</sup> ST #11  
Address

Neualah, 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

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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 44<sup>TH</sup> Street  
Hialeah, FL 33013**

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TALLAHASSEE, FLORIDA  
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## 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 44<sup>th</sup> Street  
Hialeah, FL 33013  
President

## ARTICLE V111

The name and address of the subscriber is:

**Claudia Arriaran**  
15 E 44<sup>th</sup> Street  
Hialeah, FL 33013


## ARTICLE IX

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

**TAX DEFENSE CENTER, INC.**  
2350 W 84<sup>th</sup> 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: 5/7/09

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TALLAHASSEE, FLORIDA  
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