

P09000061425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

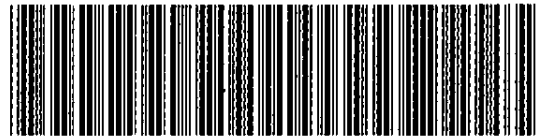
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/09--01038--015 **78:75

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09 JUL 17 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09000030082

EP 7/20/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2009

EDUAR DELIVERY SERVICES
1005 N KROME AVENUE STE 117
HOMESTEAD, FL 33030

SUBJECT: EDUAR DELIVERY SERVICES
Ref. Number: W09000030082

We have received your document for EDUAR DELIVERY SERVICES 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 509A00022218

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DEPARTMENT OF STATE
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COVER LETTER

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

SUBJECT: EDUAR DELIVERY SERVICES CORPORATION
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EDUAR DELIVERY SERVICES CORPORATION
Name (Printed or typed)

1005 N KROME AVENUE STE 117
Address

HOMESTEAD, FL 33030
City, State & Zip

305-508-5936
Daytime Telephone number

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

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

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:

EDUAR DELIVERY SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1005 N KROME AVENUE SUITE #117
HOMESTEAD, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DELIVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EDUARDO MURO - PRESIDENT
3310 SW 123RD COURT
MIAMI, FL 33175

ARMANDO CABRERA - VP
3817 SW 82ND AVENUE #47
MIAMI, FL 33155

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

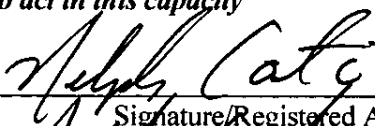
NELYDA COUTO
1005 N KROME AVENUE #117
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

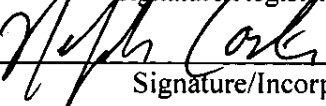
The name and address of the Incorporator is:

NELYDA COUTO
1005 N KROME AVENUE #117
HOMESTEAD, FL 33030

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



Signature/Registered Agent



Signature/Incorporator

7/14/09
Date

7/14/09
Date

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TALLAHASSEE, FLORIDA