

P110000040263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

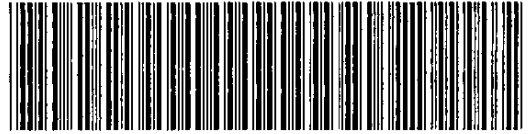
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500196995815

03/14/11--01037--025 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 26 AM 7:36

FILED

W11000015271  
4/2

## COVER LETTER

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

**SUBJECT: ZARABANDA GROUP, 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: **MARY CABALLERO**

Name (Printed or typed)

**170 SE 14 STREET #1505**

Address

**MIAMI, FL 33131**

City, State & Zip

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.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 APR -1 PM 1:05  
DIVISION OF CORPORATIONS

March 16, 2011

MARY CABALLERO  
170 SE 14TH ST #1505  
MIAMI, FL 33131

SUBJECT: ZARABANDA GROUP, INC.  
Ref. Number: W11000015271

We have received your document for ZARABANDA GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return 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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 411A00006471



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 APR 25 PM 1:12  
DIVISION OF CORPORATIONS

April 5, 2011

MARY CABALLERO  
170 SE 14TH ST #1505  
MIAMI, FL 33131

SUBJECT: ZARABANDA GROUP ONE, INC.  
Ref. Number: W11000015271

We have received your document for ZARABANDA GROUP ONE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return 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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 411A00006471

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:

ZARABANDA GROUP ONE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

170 SE 14 STREET

#1505

MIAMI, FL 33131

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 AT \$1.00 A SHARE.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARY CABALLERO/DIRECTOR

Address:

Name and Title: KARLA PERDOMO/DIRECTOR

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: MARY CABALLERO

Address: 170 SE 14 ST #1505

MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARY CABALLERO

Address: 170 SE 14 ST. #1505

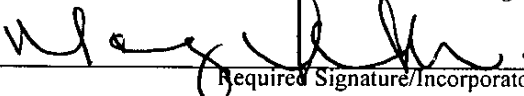
MIAMI, FL 33131

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

  
Required Signature/Registered Agent

3/8/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

3/8/2011  
Date

APPROVED  
AND  
FILED  
11 APR 26 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA