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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000167408 3)))



H110001674083ABC

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305) 887-8730
Fax Number : (305) 887-0744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DON JUGO, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 11 AM 9:39

RECEIVED
11 AUG 11 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 8/12/11

(((H11000167408 3)))

COVER LETTER

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

SUBJECT: DON JUGO, 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: JAQUELIN CRUZ

Name (Printed or typed)

308 W INTERLAKE BLVD

Address

LAKE PLACID FL 33932

City, State & Zip

863-414-1237

Daytime Telephone number

wenyai@msn.com

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

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

(((H11000167408 3)))

((H11000167408 3))

June 09 2011

To whom it makes concern

Please be advised that the owners of the corporation DON IUGO, INC
with the document number P10000083401 are the same as
those who are opening this new corporation with the same name.

Also be advice that we have no intention of reinstating, therefore we are releasing
the name.

Thank you.

Sincerely

Laguli Cruz
President

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **11 AUG 11 AM 9:39**

ARTICLE I NAME **DON JUGO, INC**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
308 W INTERLAKE BLVD
LAKE PLACID FL 33932

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JAQUELIN CRUZ / PRESIDENT**
Address: **308 W INTERLAKE BLVD**
LAKE PLACID FL 33932

Name and Title: _____
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:

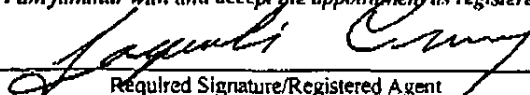
Name: **JAQUELIN CRUZ**
Address: **308 W INTERLAKE BLVD**
LAKE PLACID FL 33932

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

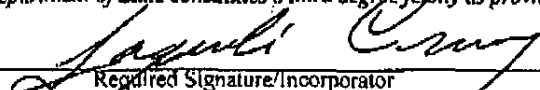
Name: **JAQUELIN CRUZ**
Address: **308 W INTERLAKE BLVD**
LAKE PLACID FL 33932

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

06/09/2011
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

06/09/2011
Date

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