

COVER LETTER

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

SUBJECT: Jorge Mondaca 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

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

FROM: Jorge Mondaca

Name (Printed or typed)

452 Harvest Oak Ct

Address

Lake Mary, FL 32746

City, State & Zip

407-766-1903

Daytime Telephone number

jomolo0@aol.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 29 PM 11:31

FILED

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 Jorge Mondaca Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
452 Harvest Oak Ct _____
Lake Mary, FL 32746 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Local Transportation

ARTICLE IV SHARES
The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Jorge Mondaca
Address: 452 Harvest Oak Ct
Lake Mary, FL 32746

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jorge Mondaca
Address: 452 Harvest Oak Ct
Lake Mary, FL 32746

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jorge Mondaca _____ 08/24/11 _____
Required Signature/Registered Agent 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.

Jorge Mondaca _____ 08/24/11 _____
Required Signature/Incorporator Date