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2011 NOV 23 PM 4: 24

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

W11-55989

T. Burch NOV 29 2011

**COVER LETTER**

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

**RECEIVED**  
**11 NOV 23 AM 11:37**  
DIVISION OF CORPORATIONS

**SUBJECT: ID GROUP USA SERVICES CORP.**

(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: **PAULINA RUEDA**

Name (Printed or typed)

**967 TRAMELLS TRAIL**

Address

**KISSIMMEE, FL 34744**

City, State & Zip

**407 283 0641**

Daytime Telephone number

**nicolastrejos@yahoo.com**

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

November 2, 2011

PAULINA RUEDA  
967 TRAMELLS TRAIL  
KISSIMMEE, FL 34744

SUBJECT: ID GROUP CORP.  
Ref. Number: W11000055989

We have received your document for ID GROUP CORP. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00024944

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

ID GROUP USA SERVICES CORP.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

967 TRAMELLS TRAIL  
KISSIMMEE, FL  
34744

Mailing address, if different is:

P.O. BOX 772413  
ORLANDO, FL  
32877

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to manage and administrate the profits resulted from the business of signs and publicity, business consulting, managing import and export of goods and real estate business

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULINA RUEDA - PRESIDENT  
Address: 967 TRAMELLS TRAIL  
KISSIMMEE, FL  
34744

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: NICOLAS TREJOS- VICE-PRESIDENT  
Address: 967 TRAMELLS TRAIL  
KISSIMMEE, FL  
34744

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: PAULINA RUEDA  
Address: 967 TRAMELLS TRAIL  
KISSIMMEE, FL, 34744

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULINA RUEDA  
Address: 967 TRAMELLS TRAIL  
KISSIMMEE, FL, 34744

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

*Paulina Rueda*

Required Signature/Registered Agent

11/21/2011

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.

*Paulina Rueda*

Required Signature/Incorporator

11/21/2011

Date