

P12000043127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

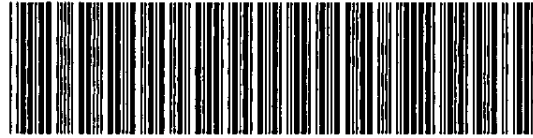
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 PM 4:56

1112-15676

20 5/18/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2012

JUAN D GONZALEZ
419 CARUSO PL
SARASOTA, FL 34237

RECEIVED MAY 7 2012

SUBJECT: CUCALAMBE SERVICES COMPANY
Ref. Number: W12000018356

We have received your document for CUCALAMBE SERVICES COMPANY and your check(s) totaling \$80.00. 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 have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 212A00012875



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 APR 26 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 2, 2012

JUAN D GONZALEZ
419 CARUSO PL
SARASOTA, FL 34237

SUBJECT: CUCALAMBE SERVICES COMPANY
Ref. Number: W12000018356

We have received your document for CUCALAMBE SERVICES COMPANY and your check(s) totaling \$80.00. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 512A00010798

COVER LETTER

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

SUBJECT: Cucalambe services
(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: Juan D. Gonzalez
Name (Printed or typed)

419 Caruso pl
Address

Sarasota, FL, 34237
City, State & Zip

(941)879-5203
Daytime Telephone number

juanmanuel1092@hotmail.com
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: **Cucalambe Services Company**

ARTICLE II PRINCIPAL OFFICE

Principal street address
419 Caruso pl
sarasota fl 34237

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

(small company not a corporation) to provide contracts and cleaning services.

ARTICLE IV SHARES

The number of shares of stock is: **i will own ~~100~~ ¹⁰ of the stucks and shares in my comapny.**

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mr. Juan D. Gonzalez**

Address: **419 caruso pl**
sarasota, fl 34237

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: **Mr. Juan D. Gonzalez**

Address: **419 Caruso pl**
sarasota, fl 34237

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Juan M. Gonzalez**

Address: **419 Caruso Pl**
Sarasota, fl 34237

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

X Juan Gonzalez
Required Signature/Registered Agent

5/4/12
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.

X Juan Gonzalez
Required Signature/Incorporator

5/4/12
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY - 7 PM 4: 56

State of Florida

County of SARASOTA

[Signature]
(Signature of Affiant)

Sworn to (or affirmed) and subscribed before me

this 12TH day MARCH, 2012.

by JUAN D. GONZALEZ (Name of Affiant).

[Signature] Notary Public - State of Florida
(Signature of Notary)

Eddy Jimenez
(Name of Notary Public)

Personally known ☒ OR Produced Identification ☐

Type of Identification Produced: _____

MAR 12 2012

