

P12000059420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

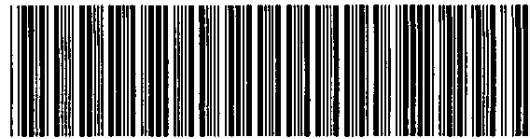
(Business Entity Name)

(Document Number)

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

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12 JUL -5 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

1 Bureh JUL -6 2012

## COVER LETTER

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

SUBJECT: ePalenke 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: Rainer Guevarra

Name (Printed or typed)

1712 Chisbury CT

Address

Orlando, FL 32837

City, State & Zip

4073836903

Daytime Telephone number

rainerguevarra@gmail.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** ePalenke Corp  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1712 Chisbury CT  
Orlando, FL  
32837

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To conduct legal businesses online and in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1000,000/\$0.01 COMMON STOCK

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

Name and Title: Rainer Guevarra, CEO  
Address: 1712 Chisbury CT  
Orlando, FL  
32837

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

Name and Title: Ting Bouffard, President  
Address: 2232 Winterwoods Blvd  
Winter Park, FL  
32792

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:

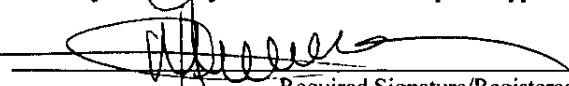
Name: Rainer Guevarra  
Address: 1712 Chisbury CT  
Orlando, FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rainer Guevarra  
Address: 1712 Chisbury CT  
Orlando, FL 32837

*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

June 28, 2012

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

June 28, 2012

Date

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