

P 12000061615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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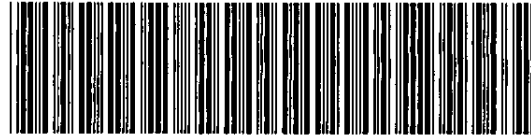
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JUL 12 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HOSSANA SERVICES, 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: JOSE ROBERTO OBANDO

Name (Printed or typed)

9301 N MARY AVE

Address

TAMPA, FL 33612

City, State & Zip

(813) 525-8095

Daytime Telephone number

robertovalexandra@live.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL 12 AM 11:30

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

HOSSANA SERVICES, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

9301 N Mary Avenue

Tampa, FL 33612

Mailing address, if different is:

9301 N Mary Avenue

Tampa, FL 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purposes of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Roberto Obando, Presidente

Address: 9301 N Mary Ave

Tampa, FL 33612

Name and Title: _____

Address: _____

Name and Title: Martha G. Lopez, Vice President

Address: 2910 East Poinsettia Ave

Tampa, FL 33612

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: Jose Roberto Obando

Address: 9301 N Mary Avenue

Tampa, FL 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Roberto Obando

Address: 9301 N Mary Avenue

Tampa, FL 33612

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

Jose R. Obando

Required Signature/Registered Agent

07/09/12

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.

Jose R. Obando

Required Signature/Incorporator

07/09/12

Date

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TALLAHASSEE, FLORIDA