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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 19 AM 10:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2013

JONATHAN TERAN
4829 NW 72 AVE
MIAMI, FL 33166

SUBJECT: INVERSIONES OPTICENTER CARORA INC.
Ref. Number: W13000038836

RECEIVED
13 AUG 19 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INVERSIONES OPTICENTER CARORA INC. and your check(s) totaling \$78.75. 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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The registered agent must sign accepting the designation.

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: 013A00017824



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13 JUL 18 PM 1:05

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2013

JONATHAN TERAN
4829 NW 72 AVE
MIAMI, FL 33166

SUBJECT: INVERSIONES OPTICENTER CARORA
Ref. Number: W13000038836

We have received your document for INVERSIONES OPTICENTER CARORA 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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: 413A00016786

COVER LETTER

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

SUBJECT: INVERSIONES OPTICENTER CARORA
(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: INVERSIONES OPTICENTER CARORA
Name (Printed or typed)

4829 NW 72 AV
Address

MIAMI, FL, 33166
City, State & Zip

3057994551
Daytime Telephone number

TERANJONATHAN@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: InVersiones OptiCenter Casora INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4829 NW 72 Ave
Miami, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Optical Wholeseller

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Teran Name and Title: _____

Address: President Address: _____
4829 NW 72 Ave
Miami, FL 33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(conti.)

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: Jonathan Peran

Address: 4829 NW 72 Ave

Miami FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Peran

Address: 4829 NW 72 Ave Miami, 17890 ne 3104 apt 3314
FL 33166 Aventura FL 33160

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

[Signature]
Required Signature/Registered Agent

8-14-13
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.

[Signature]
Required Signature/Incorporator

8-14-13
Date

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