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(Requestor's Name)

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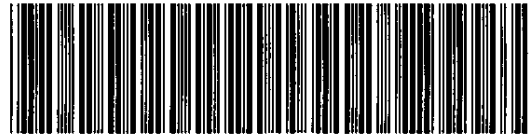
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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210 DEC 30 PM 3:22

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## COVER LETTER

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

**SUBJECT: TOCOA BUILDERS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM: MAIRA CHIRINOS**

Name (Printed or typed)

**3871 NE 17 AVE**

Address

**POMPANO BEACH, FL 33064**

City, State & Zip

**561-502-6555**

Daytime Telephone number

**MODESTOCALIX@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**    TOCOA BUILDERS, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address

3871 NE 17 AVENUE  
POMPAÑO BEACH, FL 33064

Mailing address, if different is:

2336 NW 104 STREET  
MIAMI, FL 33147

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: MAIRA CHIRINOS, PRES  
Address    3871 NE 17 AVENUE  
              POMPAÑO BEACH, FL 33064

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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DIVISION OF CORPORATION  
2018 DEC 30 PM 3:22

2010 DEC 30 PM 3: 22

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: MAIRA CHIRINOS  
Address: 3871 NE 17 AVENUE  
POMPANO BEACH, FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAIRA CHIRINOS  
Address: 3871 NE 17 AVENUE  
POMPANO BEACH, FL 33064

*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*

Maira Chirinos 12/27/13  
Required Signature/Registered Agent 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.*

Maira Chirinos 12/27/13  
Required Signature/Incorporator Date