

03/04/2014 16:30

(FAX)

P.001/004

Division of Corporations

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P14 000020217
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000053371 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ZUBIPER INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR - 4 AM 11:14

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14 MAR - 4 PM 5:01

TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **ZUBIPER 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: **MARIA D. RODRIGUEZ**

Name (Printed or typed)

11760 NW 27 STREET

Address

PLANTATION FLORIDA 33323

City, State & Zip

954 347-2313

Daytime Telephone number

CIROPEREIRA0122@GMAIL.COM

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

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

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

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ARTICLE I NAMEThe name of the corporation shall be: ZUBIPER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address9530 SW 25 DRIVEMIAMI, FLORIDA 33165

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: RESIDENTIAL REMODELING

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR - 6 AM 11:14

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIDALYS TORRES, PRESIDENTAddress: 9530 SW 25 DRIVE
MIAMI, FLORIDA 33165Name and Title: CIRO PEREIRA, VICE PRESIDENTAddress: 9530 SW 25 DRIVE
MIAMI, FLORIDA 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

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: MIDALYS TORRES
Address: 9530 SW 25 DRIVE
MIAMI, FLORIDA 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIDALYS TORRES
Address: 9530 SW 25 DRIVE
MIAMI, FLORIDA 33165

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

03/03/2014

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

03/03/2014

Date

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