

P14000028709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

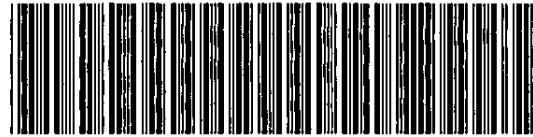
(Business Entity Name)

(Document Number)

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

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14 MAR 28 AM 6:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **Horeka Corporation**

(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

|  |  |
|--|--|
| <input type="checkbox"/> \$78.75<br>Filing Fee<br>& Certified Copy | <input checked="" type="checkbox"/> \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |  |

FROM: **Garcia Accounting & Tax Services Inc**

Name (Printed or typed)

**10750 S W 24th Street**

Address

**Miami FL 33165**

City, State & Zip

**305 551 4959**

Daytime Telephone number

**FGarciaTaxes1@BellSouth .Net**

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: Horeka Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6800 S W 40th Street Unit 214

Miami FI 33155 3708

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any kind of legal business activities, in the continental  
United States.

**ARTICLE IV SHARES**

100 Common Stocks ( \$ 1.00 Par Value )

The number of shares of stock is:

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

Name and Title: Jose J Eseverri

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

Address 6830 S W 45th Lane # 6

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

Miami FI 33155

President Secretary

Name and Title: Franjo Kurtovic

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

Address 6830 S W 45th Lane # 6

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

Miami FI 33155

Vice President

Name and Title: Victor P Shiguiyama

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

Address 6830 S W 45th Lane # 6

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

Miami FI 33155

Treasury

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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: Jose J Eserverri  
Address: 6830 S W 45th Lane # 6  
Miami Fl 33155

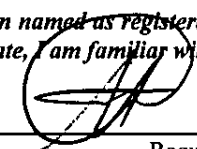
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose J Eserverri  
Address: 6830 S W 45th Lane # 6  
Miami Fl 33155

*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

March 25/2014  
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

March 25/2014  
Date