

P14 0000 53154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

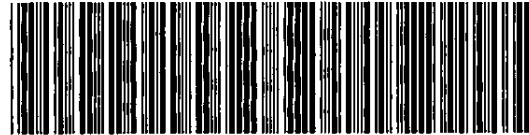
(Document Number)

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14 JUN 13 AM 9:09

COVER LETTER

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

SUBJECT: **Kerubim Co.**

(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: **Marta M. Sosa**

Name (Printed or typed)

300 Surfside Blvd

Address

Surfside, Fl. 33154

City, State & Zip

786 218 1678

Daytime Telephone number

m2sosa@msn.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: Kerubim Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4200 SW 11 Street

Miami, Fl. 33134

Mailing address, if different is:

300 Surfside Blvd

Surfside, Fl. 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is

to engage in any activity and business permitted under

the Laws of the State of Florida.

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ARTICLE IV SHARES

The number of shares of stock is: One thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marta M.Sosa Director

Address: 300 Surfside Blvd
Surfside, Fl. 33154

Name and Title: Jorge R. Gilete Officer

Address: 1280 Marquise Ct A-1
Rockledge, Fl. 32955

Name and Title: Liz Y.Viera Officer

Address: 9205 Byron Ave
Surfside, Fl.33154

Name and Title: Lizvette Torres Officer

Address: 14477 SW 27 Street
Miami, Fl. 33175

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: Marta M. Sosa

Address: 300 Surfside Blvd

Surfside, Fl. 33154

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REGISTRATION

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marta M. Sosa

Address: 300 Surfside Blvd

Surfside, Fl. 33154

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

6/10/2014

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

6/10/2014

Date