

P14000056042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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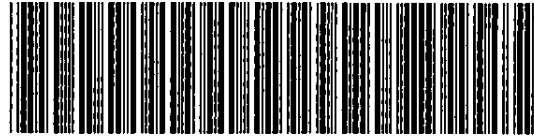
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 26 AM 11:02

*OC
6/30/14

COVER LETTER

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

SUBJECT: **GUZMANAK 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: **KARLA G AGUIRRE**

Name (Printed or typed)

1145 COVE LANDING DRIVE

Address

ATLANTIC BEACH, FL 32233

City, State & Zip

904-713-1902

Daytime Telephone number

guzmanak1997@yahoo.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: **GUZMANAK INC**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1145 COVE LANDING DRIVE

ATLANTIC BEACH, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO PURCHASE, SELL, AND RENT RESIDENTIAL**

PROPERTIES TO THE GENERAL PUBLIC

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ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **KARLA G AGUIRRE PRESIDENT**

Name and Title: _____

Address **1145 COVE LANDING DRIVE**

Address: _____

ATLANTIC BEACH, FL 32233

Name and Title: **KARLA G AGUIRRE SECRETARY**

Name and Title: _____

Address **1145 COVE LANDING DRIVE**

Address: _____

ATLANTIC BEACH, FL 32233

Name and Title: _____

Name and Title: _____

Address _____

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: KARLA G AGUIRRE

Address: 1145 COVE LANDING DRIVE

ATLANTIC BEACH, FL 32233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARLA G AGUIRRE

Address: 1145 COVE LANDING DRIVE

ATLANTIC BEACH, FL 32233

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

Karla Guzmán Aguirre

Required Signature/Registered Agent

05/27/2014

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.

Karla Guzmán Aguirre

Required Signature/Incorporator

05/27/2014

Date