

P14000062836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

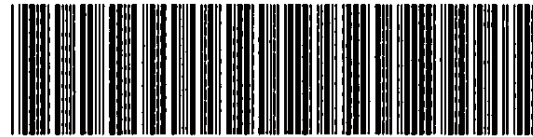
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/14--01009--022 **78.75

SECRET

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SECRET

COVER LETTER

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

SUBJECT: Estuniga, 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: Juan C. Zuniga, Jr.

Name (Printed or typed)

281 S.W. Palm Dr., Apt 104

Address

Port St. Lucie, FL 34986

City, State & Zip

561-389-5944

Daytime Telephone number

juan@estuniga.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: Estuniga, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

613 S.W. Everett Ct
Port St. Lucie, Florida 34953

Mailing address, if different is:

613 S.W. Everett Ct
Port St. Lucie, Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful activity.

ARTICLE IV SHARES 20

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose C. Zuniga, President

Address: 613 S.W. Everett Ct
Port St. Lucie, FL 34953

Name and Title: _____

Address: _____

Name and Title: Juan C. Zuniga, Jr., Vice President

Address: 281 S.W. Palm Dr.
Apt 104
Port St. Lucie, FL 34986

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Juan C. Zuniga, Jr.
Address: 281 S.W. Palm Dr., Apt 104
Port St. Lucie, FL 34986

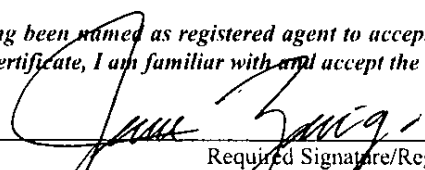
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

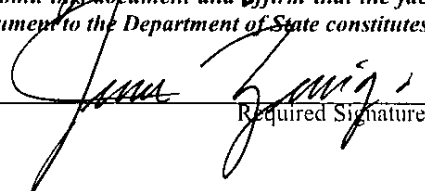
Name: Juan C. Zuniga, Jr.
Address: 281 S.W. Palm Dr., Apt. 104
Port St. Lucie, FL 34986

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

7/18/14
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

7/18/14
Date