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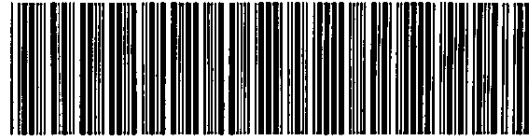
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/19/14

COVER LETTER

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

SUBJECT: **Bomaber 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: **Diana Bonilla**

Name (Printed or typed)

5085 NW 7th St. Tower 3, #415

Address

Miami, FL 33126

City, State & Zip

7864734442

Daytime Telephone number

dianitab@hotmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Bomaber Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5085 NW 7th St.

Tower 3, #415

Miami, FL 33126

Mailing address, if different is: _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sale goods and services in the
State of Florida, the United States and overseas. To render consulting
services to various industries. To sale/lease real estate in the State
of Florida and provide consulting services to international clients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana Marcela Bonilla, President

Name and Title: _____

Address 5085 NW 7th St.

Address: _____

Tower 3, #415

Miami, FL 33126

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Diana Marcela Bonilla

Address: 5085 NW 7th St, Tower 3 #415

Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana Marcela Bonilla

Address: 5085 NW 7th St, Tower 3 #415

Miami, FL 33126

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

Diana M Bonilla

Required Signature/Registered Agent

9/12/14

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.

Diana M Bonilla

Required Signature/Incorporator

9/12/14

Date

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