

P 14000083593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

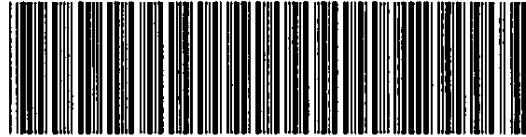
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265152265

10/08/14--01004--013 **78.75

FILED

14 OCT -8 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-10/14

COVER LETTER

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

FILED
14 OCT -8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ZUBEROA ENTERPRISES, 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 ☐ \$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: Raul A. de la Campa
Name (Printed or typed)
444 Brickell Ave. Ste. 51-430
Address
Miami, FL 33131
City, State & Zip
(305) 431-7749
Daytime Telephone number
FSA1971@hotmail.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: ZUBEROA ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1965 Calais Drive
Apt. 4
Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

All purposes to conduct legal business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marc L. Navailles, Pres. Name and Title: _____

Address 1965 Calais Dr. Apt. 4 Address: _____
Miami Beach, FL 33141 _____

Name and Title: Frederic Sanchez, VP Name and Title: _____

Address 18021 Biscayne Blvd.#1902 Address: _____
Aventura, FL 33160 _____

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: Marc L. Navailles →
Address: 1965 Calais Dr. Apt. 4
Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marc L. Navailles →
Address: 1965 Calais Dr. Apt. 4
Miami Beach, FL 33141

FILED
14 OCT - 8 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

→ [Signature]
Required Signature/Registered Agent

10/01/2014
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.

→ [Signature]
Required Signature/Incorporator

10/01/2014
Date