

PK1000085890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/21

COVER LETTER

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

SUBJECT: **MOTAGUA GROUP 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: **LUIS JACOBO**

Name (Printed or typed)

6220 W 21 COURT

Address

HIALEAH, FL 33016

City, State & Zip

305-556-0044

Daytime Telephone number

INFO@JACOBOTAX.COM

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

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

Department of State
Division of Corporations
Tallahassee, FL

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Ref: Document number P06000053876


Dear Sir/Madam

The present letter is to let you know that I will not file a
reinstatement for Motagua Group Inc with above mentioned document number.

Please release name to use on a new articles on the attached documents

Thanks for your help and support on this matter; feel free to contact me as soon
as possible in case necessary.

Sincerely yours



Danilo Zelaya

President

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: MOTAGUA GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

16776 NW 91 AVE

MIAMI LAKES, FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANILO ZELAYA, PRESIDENT

Address: 16776 NW 91 AVE

MIAMI LAKES, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: LUIS JACOBO

Address: 6220 W 21 CT

HIALEAH, FL 33016

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

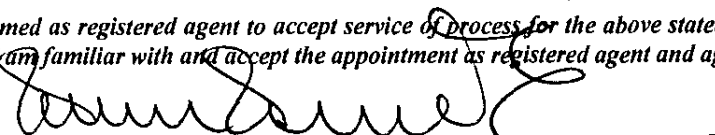
The **name and address** of the Incorporator is:

Name: DANILO ZELAYA

Address: 16776 NW 91 AVE

MIAMI LAKES, FL 33018

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

10/16/2014

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

10/16/2014

Date