

P15 0000 23986

(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



100270250621

09/09/15--01020--003 **70.00

FILED
15 MAR -9 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-12-15 9

COVER LETTER

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

SUBJECT: Christina Medina 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: Christina Medina
Name (Printed or typed)

8000 N Nob Hill Rd Apt 103
Address

Tamarac FL 33321
City, State & Zip

954-275-7721
Daytime Telephone number

ChristinaMedina2015@gmail.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: Christina Medina Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8000 N Nob Hill Rd
Apt 103
Tamarac, FL 33321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation provides independent athletic training for children.

ARTICLE IV SHARES

The number of shares of stock is: 10090

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
15 MAR -9 PM 2:25
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christina Medina
Address: 8000 N Nob Hill Rd #103
Tamarac, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina Medina
Address: 8000 N Nob Hill Rd #103
Tamarac, FL 33321

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

C Medina

Required Signature/Registered Agent

3-4-15

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.

C Medina

Required Signature/Incorporator

3-4-15

Date