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COVER LETTER

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

SUBJECT: **V**INRENE, 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: IRENE QUINONES

Name (Printed or typed)

1025 W. OAKRIDGE ROAD, ORLANDO, FLORIDA 32809

Address

ORLANDO, FLORIDA 32809

City, State & Zip

407-342-9395

Daytime Telephone number

~~hooveryp@aol.com~~

irene_kim2001@yahoo.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: VINRENE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1025 W. OAKRIDGE ROAD

1025 W. OAKRIDGE ROAD, ORLANDO 32905

ORLANDO, FL. 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO MANAGE AND OWN ASSISTED LIVING FACILITY

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRENE SUMAGKA QUINONES, PRES.

Name and Title: KIM ALVIN QUINONES

, VICE PRES.

Address 1025 W. OAKRIDGE ROAD

Address: 1025 W. OAKRIDGE ROAD

ORLANDO, FL. 32809

ORLANDO, FL 32809

50%

50%

Name and Title: JAMES L. BATTUNG, DIRECTOR

Address 1025 W. OAK RIDGE RD.

Address: _____

ORLANDO, FL. 32809

02

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: IRENE S. QUINONES
Address: 1025 W. OAKRIDGE ROAD
ORLANDO, FL 32809

ARTICLE VII INCORPORATOR

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

Name: IRENE SUMAGKA QUINONES
Address: 1025 W. OAKRIDGE ROAD, ORLANDO
FLORIDA 32809

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 25, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

IRENE S. QUINONES

Required Signature/Registered Agent

MAY 25, 2015

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.

IRENE S. QUINONES

Required Signature/Incorporator

MAY 25, 2015

Date