

P15000075129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

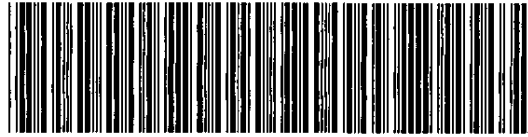
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
HARTFORD, CT 06103

SEP 15 2015

W PAINTER

COVER LETTER

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

SUBJECT: Taino Resolutions, 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: Gladys Medina

Name (Printed or typed)

8538 S.W. 207 Terrace

Address

Cutler Bay, FL 33189

City, State & Zip

(305) 297-2265

Daytime Telephone number

harry8538@aol.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: Taino Resolutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8538 S.W. 207 Terrace

Same

Cutler Bay, FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Minor Home Maintenance & Repairs

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gladys Medina, President

Name and Title:

Address 8538 S.W. 207 Terrace

Address:

Cutler Bay, Florida 33189

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 SEP - 4 PM 3:00
CLC
STATE OF FLORIDA
CLERK OF SUPERIOR COURT

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: Jorge L. Alicea
Address: 8532 S.W. 207 Terrace
Cutler Bay, FL 33189

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VII INCORPORATOR

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

Name: Jorge L. Alicea
Address: 8532 S.W. 207 Terrance
Cutler Bat, FL 33189

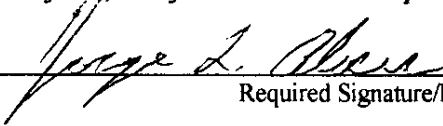
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 01, 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.)

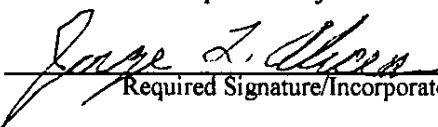
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

August 31, 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.


Required Signature/Incorporator

August 31, 2015
Date