

P15000079536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)


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(Business Entity Name)

(Document Number)

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15 SEP 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: J. TORUNO CORP.

(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: J. TORUNO CORP

Name (Printed or typed)

5020 NW 1 AV

Address

MIAMI FLORIDA 33127

City, State & Zip

786 354 1031

Daytime Telephone number

JONASLAZARALEZANDER82@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)

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AND
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ARTICLE I NAME J. TORUNO CORP
The name of the corporation shall be: _____

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ARTICLE II PRINCIPAL OFFICE
Principal street address _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: _____

5020 NW 1 AV

5020 NW 1 AV

MIAMI FLORIDA 33127

MIAMI FLORIDA 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ALL TRADE AND LEGAL BUSSINESS

ARTICLE IV SHARES 10 @ \$1.00
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JHONATHAN A TORUNO (PRES) _____

Name and Title: _____

Address 5020 NW 1 AV

Address: _____

MIAMI FLORIDA 33127

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 SEP 16 PM 4:42

Address: _____ Address: SECRETARY 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: JHONATHAN TORUNO SALAZAR
Address: 5020 NW 1 AV
MIAMI FLORIDA 33127

ARTICLE VII INCORPORATOR

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

Name: JHONATHAN A TORUNO SALAZAR
Address: 5020 NW 1 AV
MIAMI FLORIDA 33127

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/03/2015. (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

Jonathan A _____ 09/08/2015
Required Signature/Registered Agent 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.

Jonathan A _____ 09/08/2015
Required Signature/Incorporator Date