

P15000091014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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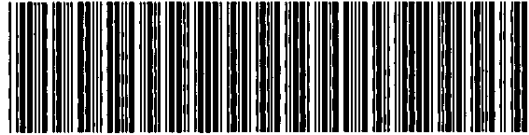
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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11/9

CR

COVER LETTER

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

SUBJECT: TOMINA CONSULTING, 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: Arturo Sapunar
Name (Printed or typed)

566 SW Saint Kitts Cove
Address

Port Saint Lucie, FL 34986
City, State & Zip

772-985-4696
Daytime Telephone number

arturosapunar@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: TOMINA CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

566 SW Saint Kitts Cove

Port Saint Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a tax consulting service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arturo Sapunar / President

Name and Title: _____

Address 566 SW Saint Kitts Cove

Address: _____

Port Saint Lucie, FL 34986

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32310
15 NOV -6 AM 11:58

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: Arturo Sapunar _____

Address: 566 SW Saint Kitts Cove _____

Port Saint Lucie, FL 34986 _____

ARTICLE VII INCORPORATOR

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

Name: Arturo Sapunar _____

Address: 566 SW Saint Kitts Cove _____

Port Saint Lucie, FL 34986 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 30, 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

9/30/15

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.

Required Signature/Incorporator

9/30/15

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

ARTURO SAPUNAR
566 SW SAINT KITTS COVE
PORT SAINT LUCIE, FL 34986

SUBJECT: TOMINA CONSULTING INC
Ref. Number: W15000069568

RECEIVED

15 NOV -6 PM 12:58

SEC. OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TOMINA CONSULTING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 415A00022187