

mt 12/3

## COVER LETTER

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

**SUBJECT:** DANIELLA ACUNA 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:** DANIELLA ACUNA INC

Name (Printed or typed)

1756 N Bayshore Dr. Apt 33N

Address

MIAMI, FL 33132

City, State & Zip

786 609 0088

Daytime Telephone number

dacunamorey@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

DANIELLA ACUNA INC  
1756 N. BAYSHORE DR., APT.33N  
MIAMI, FL 33132

SUBJECT: DANIELLA ACUNA INC  
Ref. Number: W15000077046

We have received your document for DANIELLA ACUNA 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00024923

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 DEC 28 AM 11:34  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**      DANIELLA ACUNA INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1756 N Bayshore Dr. Apt 33N  
MIAMI, FL 33132  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INTERIOR DESIGN, FOOD DESIGN &  
SALES ALL KIND OF CAKES.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: ONE  
\_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIELLA ACUNA - PRESIDENT      Name and Title: \_\_\_\_\_

Address      1756 N Bayshore Dr. Apt 33N      Address: \_\_\_\_\_  
                 MIAMI, FL 33132      \_\_\_\_\_  
                 \_\_\_\_\_      \_\_\_\_\_  
                 \_\_\_\_\_      \_\_\_\_\_

Name and Title: \_\_\_\_\_      Name and Title: \_\_\_\_\_

Address      \_\_\_\_\_      Address: \_\_\_\_\_  
                 \_\_\_\_\_      \_\_\_\_\_  
                 \_\_\_\_\_      \_\_\_\_\_

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: DANIELLA ACUNA  
Address: 1756 N Bayshore Dr. Apt 33N  
MIAMI, FL 33132

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIELLA ACUNA  
Address: 1756 N Bayshore Dr. Apt 33N  
MIAMI, FL 33132

15 DEC 28 AM 11:34  
DEPT OF STATE  
RECEIVED FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

DEC 16, 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.817.135, F.S.*

  
Required Signature/Incorporator

DEC 16, 2015

Date