

P160000 17/32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700282223327

RECEIVED FEB 16 REC'D

02/17/16--01012--023 **87.50

FILED
16 FEB 16 PM 3:48
TALLAHASSEE, FLORIDA

FEB 24 2016

S. GILBERT

COVER LETTER

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

SUBJECT: JUAN URIBE PINE STRAW 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JUAN URIBE PINE STRAW CORP.

Name (Printed or typed)

838 TARVER ST

Address

LIVE OAK FLORIDA 32064

City, State & Zip

386-249-4225

Daytime Telephone number

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: JUAN URIBE PINE STRAW CORP.

FILED
16 FEB 16 PM 3:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

CLERK OF STATE
MAILING ADDRESS: FLORIDA

838 TARVER ST

LIVE OAK FL 32064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE PURPOSE IS PINE STRAW SERVICES AND TO OFFER JOB , AS A OTHER SOURCES OF WORK

AND COMMUNITY SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN URIBE MENDOZA PRESIDENT

Name and Title: _____

Address 838 TARVER ST

Address: _____

LIVE OAK , FLORIDA 32064

Name and Title: _____

Name and Title: Officers

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: JUAN URIBE MENDOZA

Address: 838 TARVER ST

LIVE OAK , FLORIDA 32064

ARTICLE VII INCORPORATOR

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

Name: JUAN URIBE PINE STRAW

Address: 838 TARVER ST

LIVE OAK , FLORIDA 32064

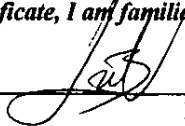
ARTICLE VIII EFFECTIVE DATE:

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

02/11/2016

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

02/11/2016

Date