

P16000021567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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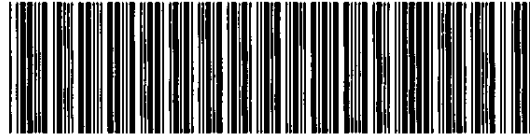
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/12/16--01010--009 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR -8 PM 12:21

FILED

~~00789, 00691, 00621, 00541~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2016

Vicente Cucufate
7814 NW 9 Ave.
Miami, FL 33150

SUBJECT: CUCUFATE CORP
Ref. Number: W16000013049

We have received your document for CUCUFATE CORP and your check(s) totaling \$78.75. 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.

You must list at least one incorporator with a complete business street address.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 016A00003640

RECEIVED
16 MAR -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cucufate 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Vicente Cucufate

Name (Printed or typed)

7814 NW 9 ave

Address

Miami, FL 33150

City, State & Zip

305-298-1950

Daytime Telephone number

andymiami1@hotmail.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: Cucufate Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7814 NW 9th Ave

Miami, FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vicente Cucufate, President

Name and Title: _____

Address 7814 NW 9th Ave

Address: _____

Miami, FL 33150-3229

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Vicente Cucufate
Address: 7814 NW 9th Ave
Miami, FL 33150

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ARTICLE VII INCORPORATOR

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

Name: Vicente Cucufate
Address: 7814 NW 9 ave
Miami, FL 33150

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/01/2015 (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

Vic Cucufate
Required Signature/Registered Agent

03/02/2016
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.

Vic Cucufate
Required Signature/Incorporator

03/02/2016
Date