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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR - 1 AM 10:14

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APR 1 2016

S. PRATHER

## COVER LETTER

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

SUBJECT: JHONY COLINDRES, 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: JHONY COLINDRES  
Name (Printed or typed)

2411 NW 10TH AVE #105  
Address

MIAMI, FL 33127  
City, State & Zip

786-439-6710  
Daytime Telephone number

ejhony99a@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)

**ARTICLE I NAME**

The name of the corporation shall be: JHONY COLINDRES, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2411 NW 10TH AVE, #105

MIAMI, FL 33127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Independent Contractor

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JHONY COLINDRES Name and Title: \_\_\_\_\_

Address 2411 NW 10TH AVE, #105 Address: \_\_\_\_\_

MIAMI, FL 33127 \_\_\_\_\_

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: JHONY COLINDRES  
 Address: 2411 NW 10TH AVE #105  
MIAMI, FL 33127

**ARTICLE VII INCORPORATOR**

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

Name: JHONY COLINDRES  
 Address: 2411 NW 10TH AVE #105  
MIAMI, FL 33127

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**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*

JHony colindres \_\_\_\_\_ 03/24/2016  
 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.*

JHony colindres \_\_\_\_\_ 03/24/2016  
 Required Signature/Incorporator Date