

P16000034603

(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:

WIS-77689

Office Use Only



800279123468

11/19/15--01017--016 **87.50

FILED

16 APR 18 PM 4:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17/1

COVER LETTER

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

SUBJECT: URIBE PINESTRAW 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: URIBE PINESTRAW CORP

Name (Printed or typed)

9926 80TH TERRACE

Address

LIVE OAK FLORIDA 32060

City, State & Zip

386-209-1154

Daytime Telephone number

dpataxs@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

January 21, 2016

URIBE PINESTRAW CORP
9926 80TH TERRACE
LIVE OAK, FL 32060

SUBJECT: URIBE PINESTRAW CORP
Ref. Number: W15000077689

We have received your document for URIBE PINESTRAW CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 715A00025176

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

FILED

16 APR 18 PM 4:08

ARTICLE I NAME URIBE PINESTRAW CORP
The name of the corporation shall be: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

9926 80th TERRACE

P O BOX 171

LIVE OAK, FL 32060

LIVE OAK, FL 32060

ARTICLE III PURPOSE THE PURPOSE IS WORK IN THE FIELD AND THE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PABLO URIBE MENDOZA PRESIDENT

Name and Title: _____

Address 9926 80TH TERRACE

Address: _____

LIVE OAK, FLORIDA 32060

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED

Name and Title: _____ Name and Title: 16 APR 18 PM 4:08
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: PABLO URIBE MENDOZA
Address: 9926 80TH TERRACE
LIVE OAK, FLORIDA 32060

ARTICLE VII INCORPORATOR

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

Name: PABLO URIBE MENDOZA
Address: 9926 80TH TERRACE
LIVE OAK, FLORIDA 32060

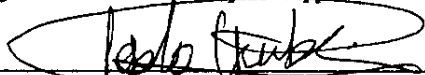
ARTICLE VIII EFFECTIVE DATE:

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

03/20/2016

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

03/20/2016

Date