

P16000078576

(Requestor's Name)

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(City/State/Zip/Phone #)

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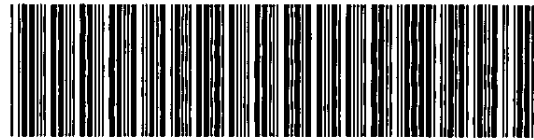
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
16 SEP 26 AM 10:40

h 09/27/16

COVER LETTER

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

SUBJECT: _____

Cubatica cleaning restaurant 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
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: _____

Midelfa Durand

Name (Printed or typed)

3845 SW 103 AVENUE APT. 113

Address

MIAMI, FL. 33165

City, State & Zip

786-587-7103

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: Cubatica cleaning restaurant Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3845 SW 103 AVENUE Apt. 113
Miami, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Opening a cleaning company

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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: JOSE MURILLO Name and Title: V.P.

Address 3845 SW 103 AVENUE Address: _____
Miami, FL. 33165

Name and Title: Midelfa Durand - P Name and Title: _____

Address 3845 SW 103 AVENUE Address: _____
Miami, FL. 33165

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: M. delfa Durand
Address: 3845 SW 103 AVENUE Apt. 113
Miami, FL. 33165

ARTICLE VII INCORPORATOR

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

Name: M. delfa Durand
Address: 3845 SW 103 AVENUE Apt. 113
Miami, FL 33165

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

X [Signature] _____ 9/23/16
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.

X [Signature] _____ 9/23/16
Required Signature/Incorporator Date

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