

P16000085883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

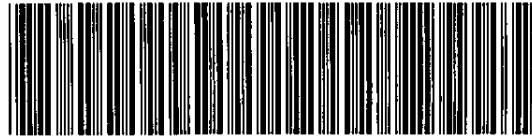
(Document Number)

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N. SAMS  
OCT 26 2016



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2016 OCT -3 PM 1:53  
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PASSPORT

## COVER LETTER

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

2016 OCT -3 PM 1:55  
RECEIVED  
TALLAHASSEE, FL 32314

SUBJECT: Iriteria S.L.  
(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: Ramon Bescansa  
Name (Printed or typed)

3694 casitas drive  
Address

Jacksonville, FL 32224  
City, State & Zip

919-423-4810  
Daytime Telephone number

rbescansa@theprecutputter.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

October 4, 2016

RAMON BESCANS  
3694 CASITAS DRIVE  
JACKSONVILLE, FL 32224

SUBJECT: IRITERA S.L  
Ref. Number: W16000068018

RECEIVED  
16 OCT 24 PM 4:2  
INFORMATION SERVICE

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 816A00021271

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2016 OCT -3 PM 1:53  
TALLAHASSEE, FLORIDA

**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: Iriteria Corporation.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3694 Casitas Dr  
Jacksonville, Fl 32224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Investment

2016 OCT -3 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Montserrat Pous /director Name and Title: Ramon Bescansa /director

Address 3694 casitas dr Address: 3694 casitas dr  
Jacksonville, Fl Jacksonville, Fl  
32224 32224

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
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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: Ramon Bescansa

Address: 3694 Casitas Dr

Jacksonville, FL 32224

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FALLAHASSEE COUNTY  
2016 OCT -3 PM 1:55

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**ARTICLE VII INCORPORATOR**

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

Name: Ramon Bescansa

Address: 3694 Casitas dr

Jacksonville, FL 32224

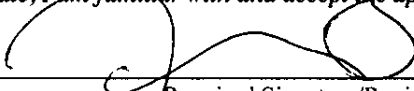
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 1<sup>st</sup> 2016 (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*

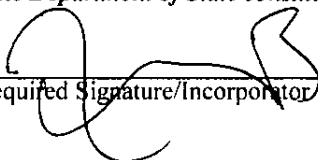


Required Signature/Registered Agent

10/20/2016

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

10/20/2016

Date