

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617-6381

Prom:

 $\ddot{\omega}$ 

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083

: (305)436-0093

Phone Fax Number

: (305)436-0094

\*\*Enter the email address for this business entity to be used for future to annual report mailings. Enter only one email address please.\*\*

mail	Address:_	 	 	
· · '.7;				

## FLORIDA PROFIT/NON PROFIT CORPORATION INVERSIONES SANYACK CA INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

M. MOON DEC 15 2016

Electronic Filing Menu

Corporate Filing Menu

Help

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02:0 PST: TO:18506176381 FROM:7862171243

(H16000306535

December 14th, 2016

## Florida Department of State

Attention: New Fillings Section

To whom it may concern:

This is to advise you that the owners of INVERSIONES SANTACK (A WC Of Doc# P12.000070749 \_\_\_\_\_ are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely

(H16000306535 3)

12/14/2016

02:07 PST

TO:18506176381 FROM:7862171243

Page:

(H16000306535 3)

## **COVER LETTER**

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

J <b>BJECT:</b>	RSIONES SANYACK CA INC	ITE NAME – <u>MUST INCL</u>	UDE CHEETY		
	(PROPOSED CORPORA	TIE NAME - WIUST INCL	CDE SUFFIX		
nclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
J.	ACKELINE A JIMENEZ				
FROM: _	Nam	(Printed or typed)	<del></del>		7.7
37	711 SW 160TH AVE APT 202			6 D	-
_		Address		DEC	**
				بر اگر،	
<u>M</u>	IIRAMAR, FL 33027			<u></u>	•
	City, State & Zip				_
30	053593700			PH 12: 16	
	Daytime 1	elephone number		-	7
М	ASTER@JPGBUSINESS.COM				
_	E and it as I have a Verbanana	d for future appual report r			

NOTE: Please provide the original and one copy of the articles.

TO:18506176381 FROM:7862171243

Page:

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

ULC II FRUIVU	<u>IPAL OFFICE</u>		
	Principal street address	1	Mailing address, if different is:
SW 160TH AVE	APT 202		
AMAR, FL 33027			
FICLE III PURPO purpose for which th	SE le corporation is organized is:		
ORT AND EXPOR	T OF DURABLE GOODS		
<u> </u>			
TICLE IV SHARE			
e number of shares of	STOCK IS:		
TICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
	JACKELINE A JIMENEZ (P)	Name and Title	DOMINGO R ORTIZ (VP)
Address	3711 SW 160TH AVE APT 202	Address:	3711 SW 160TH AVE APT 202
	MIRAMAR, FL 33027	<del></del>	MIRAMAR, FL 33027
Name and Title:	ALIX E MEDINA (DIR)	Name and Title	SANDRA M JIMENEZ (T)
Address	3711 SW 160TH AVE APT 202	Address:	3711 SW 160TH AVE APT 202
	MIRAMAR, FL 33027		MIRAMAR, FL 33027
		<del></del>	
		Name and Title	
Name and Title:			
Name and Title:		Address:	·
		Address:	
		Address:	

TO:18506176381 FROM:7862171243

Page:

5

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Name and Title:		Name and Title:			
Addres	SS	Address:			
			16 Tř.		
			DEC		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent in	<del>u</del>		
Name:	JP GLOBAL BUSINESS SOLUTIONS INC	t the registered agent is.	PH 17:		
Address:	1395 BRICKELL AVE STE 1380	_	<b>5</b> §		
	MIAMI, FL 33131	_	•		
ARTICLE VII	INCORPORATOR				
The name and	address of the Incorporator is:				
Name:	JACKELINE A JIMENEZ	<del>-</del>			
Address:	3711 SW 160TH AVE APT 202	_			
radivss,	MIRAMAR, FL 33027	_			
Effective date, i	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and cannot		or 90 days after the		
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this	date will not be listed as		
Having been na this certificate, i	smed as registered agent to accept service of process I am familiar with thic accept the appointment as rej	s for the above stated corporation gistered agent and agree to act in	at the place designated in this capacity		
	HSV.	}	2/14/2016		
	Required Signature Registered Agent		Date		
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false i ty as provided for in s.817.155, F.	information submitted in a S.		
		1	12/114/2016		
Requ	ired Signature/Incorporator		Date		