

P17000011841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

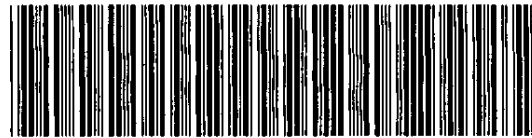
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600294887436

02/06/17--01051--028 \*\*87.50

FILED  
17 FEB -6 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 02/07/17

## COVER LETTER

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

**SUBJECT:** LA PODEROSA PINE STRAW 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** LA PODEROSA PINE STRAW INC

\_\_\_\_\_  
Name (Printed or typed)

9532 SW 62NDM CT

\_\_\_\_\_  
Address

TRENTON, FLORIDA 32693

\_\_\_\_\_  
City, State & Zip

352-210-0598

\_\_\_\_\_  
Daytime Telephone number

pine.straw.juan@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: LA PODEROSA PINE STRAW INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9532 SW 62ND CT

TRENTON, FL 32693

Mailing address, if different is:

PO BOX 1466

OLD TOWN, FL 32680

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL PURPOSE FOR PEOPLE WORKER

FILED  
17 FEB -6 AM 11:27  
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: JUAN AGUNDIS QUIJANOS

Name and Title:

Address 9532 SW 62ND CT

Address:

TRENTON, FL 32693

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: JUAN AGUNDIS QUIJANOS  
 Address: 9532 SW 62ND CT  
 TRENTON, FL 32693

**ARTICLE VII INCORPORATOR**

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

Name: JUAN AGUNDIS QUIJANOS  
 Address: 9532 SW 62ND CT  
 TRENTON, FL 32693

FILED  
 17 FEB -6 AM 11:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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 days prior or 90 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  
 01/30/2017  
 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  
 01/30/2017  
 Date