

P17000020259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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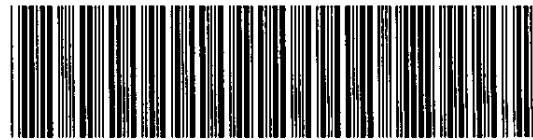
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/08/17



Carlos Martinez & Associates

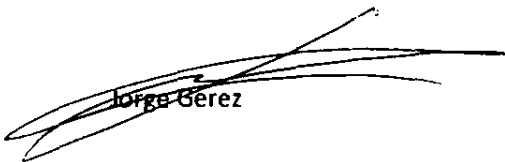
Public Accountants
14335 SW 120 St, Suite 110.
Miami FL 33186 • Ph: 305-387-0076 | Fax: 305-388-0076
cjm@cmlc.co • www.cmlc.co

2/14/2017

To whom it may concern:

By signing this letter, I, Jorge Gerez, president of Oriana Gerez 1990, Inc. relinquish all rights to ownership of the company to use the company name as their own.

Regards,


Jorge Gerez

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ORIANA GEREZ 1990, 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: CARLOS MARTINEZ

Name (Printed or typed)

12001 SW 128TH CT STE 209

Address

MIAMI, FL 33186

City, State & Zip

3053870076

Daytime Telephone number

CJM@CMLLC.CO

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: ORIANA GEREZ 1990, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15295 SW 107 LN

1001

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFULL BUSINESS

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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: JORGE E GEREZ PRESIDENT

Name and Title: _____

Address 15295 SW 107 LN

Address: _____

1001

MIAMI, FL 33196

Name and Title: JOSEFA M TABEROA DE GEREZ VP

Name and Title: _____

Address 15295 SW 107 LN

Address: _____

1001

MIAMI, FL 33196

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: JORGE E GEREZ
Address: 15295 SW 107 LN 1001
MIAMI, FL 33196

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ARTICLE VII INCORPORATOR

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

Name: JORGE E GEREZ
Address: 15295 SW 107 LN 1001
MIAMI, FL 33196

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

2/14/2017

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

2/14/2017

Date