

P17000063917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

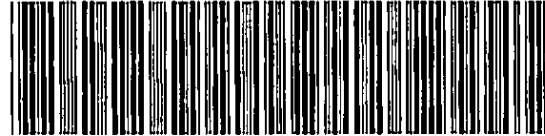
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300301597163

07/27/17--01011--004 **70.00

FILED
17 JUL 27 AM 10:27
STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

07/28/17

COVER LETTER

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

SUBJECT: Estrada Entertainment, 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: Irene Estrada

Name (Printed or typed)

186 SE 12 Terrace, #2004

Address

Miami, Florida 33131

City, State & Zip

305-890-8901

Daytime Telephone number

irenevestrada@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: Estrada Entertainment, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

186 SE 12 Terrace

#2004

Miami, Florida 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irene Estrada, President

Name and Title:

Address: 186 SE 12 Terrace

Address:

#2004

Miami, Florida 33131

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

17 JUL 27 AM 10:27
STATE OF FLORIDA

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: Irene Estrada _____

Address: 186 SE 12 Terrace # 2004 _____

Miami, Florida 33131 _____

17 JUL 27 AM 10:27
DEPT. OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Irene Estrada _____

Address: 186 SE 12 Terrace # 2004 _____

Miami, Florida 33131 _____

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

X



Required Signature/Registered Agent

7/25/17
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



Required Signature/Incorporator

7/25/17
Date