

P17000063917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

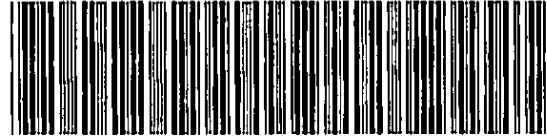
(Business Entity Name)

(Document Number)

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17 JUL 27 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 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

ireneestrada@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

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 DEPARTMENT OF STATE
 PALM BEACH, 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