

P17000063925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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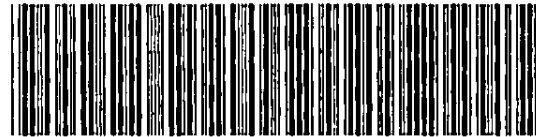
(Business Entity Name)

(Document Number)

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17 JUL 27 AM 10:55
NOT RECORDED
STATE
FLORIDA

07/28/17

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 One, 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

17 JUL 27 AM 10:55
STATE OF FLORIDA

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:

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

ARTICLE VII INCORPORATOR

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

Name: Irene Estrada
Address: 186 SE 12 Terrace # 2004
Miami, Florida 33131

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FILED
TALLAHASSEE, FLORIDA

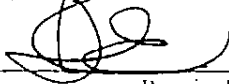
ARTICLE VIII EFFECTIVE DATE:

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

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