

PI9000034421

ADA TREJO

(Requestor's Name)

10820 SW 200 Dr.

(Address)

APT 325-S

(Address)

CUTLER BAY, FL 33157

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

TUKSON CORPORATION

(Business Entity Name)

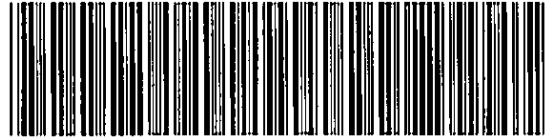
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(Document Number)

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19 MAR 25 PM 3:58

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

M SIMMONS

MAR 25 2019

COVER LETTER

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

SUBJECT: TUKSON CORPORATION (TUKSON CO)

(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: TUKSON CO

Name (Printed or typed)

10820 SW 200 DRIVE, SUITE 325-S

Address

CUTLER BAY, FLORIDA 33157

City, State & Zip

305-972-2963

Daytime Telephone number

rigoberto2003@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: TUKSON CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10820 SW 200 DRIVE, SUITE 325-S

PO BOX 970715

CUTLER BAY FLORIDA 33157

MIAMI FLORIDA 33197

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY
OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RIGOBERTO FUENTES (DIRECTOR)

Name and Title: _____

Address 10820 SW 200 DRIVE SUITE 325-S

Address: _____

CUTLER BAY, FLORIDA 33157

Name and Title: ADA TREJO (SECRETARY)

Name and Title: _____

Address 10820 SW 200 DRIVE SUITE 325-S

Address: _____

CUTLER BAY, FLORIDA 33157

Name and Title: EDGAR FUENTES (TREASURER)

Name and Title: _____

Address 10820 SW 200 DRIVE, SUITE 325-S

Address: _____

CUTLER BAY, FLORIDA 33157

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19 MAR 25 PM 3:58
CLERK OF DISTRICT COURT
MIAMI 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: RIGOBERTO FUENTES

Address: 10820 SW 200 DRIVE SUITE 325-S

CUTLER BAY, FLORIDA 33157

ARTICLE VII INCORPORATOR

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

Name: ADA TREJO

Address: 10820 SW 200 DRIVE, SUITE 325-S

CUTLER BAY, FLORIDA 33157

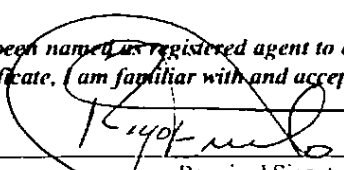
ARTICLE VIII EFFECTIVE DATE: 03/25/2019

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.)

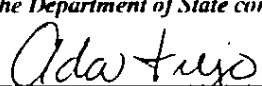
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 03/21/2019
Required Signature/Registered Agent Date

305-972-2463 rigoberto2003@gmail.com

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.

 03/21/2019
Required Signature/Incorporator Date

Phone 786-510 8154 gdfuentes2003@gmail.com