

H190003052413

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120196000092
Phone : (754) 202-8663
Fax Number : (786) 636-2620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

S TALLENT

OCT 16 2019

**FLORIDA PROFIT/NON PROFIT CORPORATION
JULUMA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: JULUMA CORP**(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: FLL Business Solution Corp

Name (Printed or typed)

8360 W State Road 84

Address

Davie, FL 33324

City, State & Zip

-1-754-202-8663

Daytime Telephone number

FLL.Business@outlook.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: JULUMA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8148 NW 115th CourtDoral, FL 33178

Mailing address, if different is:

8148 NW 115th CourtDoral, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Luis E. Rincon Pirela, PresidentAddress: 8148 NW 115th CtDoral, FL 33178Name and Title: Marlyn C. Nunez de Rincon, VicePresiAddress: 8148 NW 115th CtDoral, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FLL Business Solution Corp
Address: 8360 W State Road 84
Davie, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: FLL Business Solution Corp
Address: 8360 W State Road 84
Davie, FL 33324

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 10/14/2019. (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	<u>10/14/2019</u> _____ Date
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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	<u>10/14/2019</u> _____ Date
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