

P20000003198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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20 JAN 17 2:33 PM

FILED  
2020 JAN 17 PM 2:33  
SEC. OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: CHIRINOS GROUP ~~GROUP~~ 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: OLGA HERNANDEZ  
Name (Printed or typed)  
9010 SW 137 AVE SUITE 205  
Address  
MIAMI, FL 33186  
City, State & Zip  
786-422-4209  
Daytime Telephone number  
OLGA@ITAXPROFESSIONAL.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: **CHIRINOS GROUP INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**1485 NE 33 ROAD UNIT 110**

**HOMESTEAD, FL 33033**

**1485 NE 33 ROAD UNIT 110**

**HOMESTEAD, FL 33033**

**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: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **CHIRINOS, ANA, PRESIDENT**

Name and Title:

Address **1485 NE 33 ROAD UNIT 110**

Address:

**HOMESTEAD, FL 33033**

Name and Title: **CHIRINOS, JOSE, VICE PRESIDENT, SECRETARY**

Name and Title:

Address **1485 NE 33 ROAD UNIT 110**

Address:

**HOMESTEAD, FL 33033**

Name and Title: **FLORES, HUMBERTO, TREASURER**

Name and Title:

Address **1485 NE 33 ROAD UNIT 110**

Address:

**HOMESTEAD, FL 33033**

**FILED**  
**2020 JAN 17 PM 2:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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: CHIRINOS, ANA  
Address: 1485 NE 33 ROAD UNIT 110  
HOMESTEAD, FL 33033

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHIRINOS, ANA  
Address: 1485 NE 33 ROAD UNIT 110  
HOMESTEAD, FL 33033

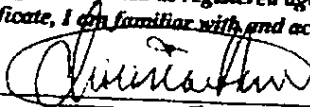
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/17/2020 (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*

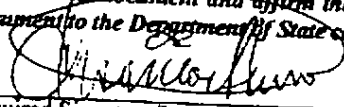


Required Signature/Registered Agent

01/17/2020

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.*



Required Signature/Incorporator

01/17/20

Date