

P2000007518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

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(Business Entity Name)

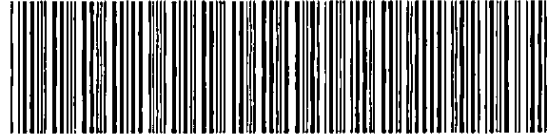
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20 JAN 29 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN 29 AM 11:34

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2020 JAN 29
11:34 AM

COVER LETTER

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

SUBJECT: REQUENA STORAGE 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

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

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:

REQUENA STORAGE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

38724 US HWY 19 N

TARPON SPRINGS, FL 34689

38724 US HWY 19 N

TARPON SPRINGS, FL 34689

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: REQUENA PORRAS, REINALDO, PRESIDENT

Address

38724 US HWY 19 N

TARPON SPRINGS, FL 34689

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: REQUENA PORRAS, REINALDO
Address: 38724 US HWY 19 N
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

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

Name: REQUENA PORRAS, REINALDO
Address: 38724 US HWY 19 N
TARPON SPRINGS, FL 34689

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/29/2020 (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:

Reinaldo Requena Porras

Reinaldo Requena Porras, 1 Jan 29, 2020

Required Signature/Registered Agent

01/29/2020

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.

Reinaldo Requena Porras

Reinaldo Requena Porras, 1 Jan 29, 2020

Required Signature/Incorporator

01/29/2020

Date