3/6/2020

P20000020642

Division of Corporations

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000076120 3)))

H20000076120 3ABCS

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: _____

RECEIVED
2020 MAR -6 PM 3:51

FILED
2020 MAR -6 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PRILU CORP**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $70.00 |

Electronic Filing Menu  Corporate Filing Menu  Help

# COVER LETTER

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

**SUBJECT:** PRILU 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Jessica Torres
Name (Printed or typed)

1400 NW 107th Ave. Ste 430
Address

Sweetwater FL 33172
City, State & Zip

(786) 845-8854
Daytime Telephone number

Sunbizreg@taxcareinc.com
E-mail address: (to be used for future annual report notification)

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2020 MAR -6 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: PRILU Corp

***ARTICLE II PRINCIPAL OFFICE***

Principal street address
14975 SW 9th LN
Miami FL 33194

Mailing address, if different is:
14975 SW 9th LN
Miami FL 33194

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which a corporation may be organized in the State of Florida.

***ARTICLE IV SHARES***
The number of shares of stock is: 1000

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

Name and Title: Ariel Enrique Elena
Address: 14975 SW 9th LN
Miami FL 33194

Name and Title: Gabriela Veronica Torres
Address: 14975 SW 9th LN
Miami FL 33194

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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2020 MAR -6 AM 8:09
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: Ariel Enrique Elena

Address: 14975 SW 9th LN

Miami FL 33194

***ARTICLE VII INCORPORATOR***

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

Name: Ariel Enrique Elena

Address: 14975 SW 9th LN

Miami FL 33194

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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***

Ariel Enrique Elena _____

Required Signature/Registered Agent Date

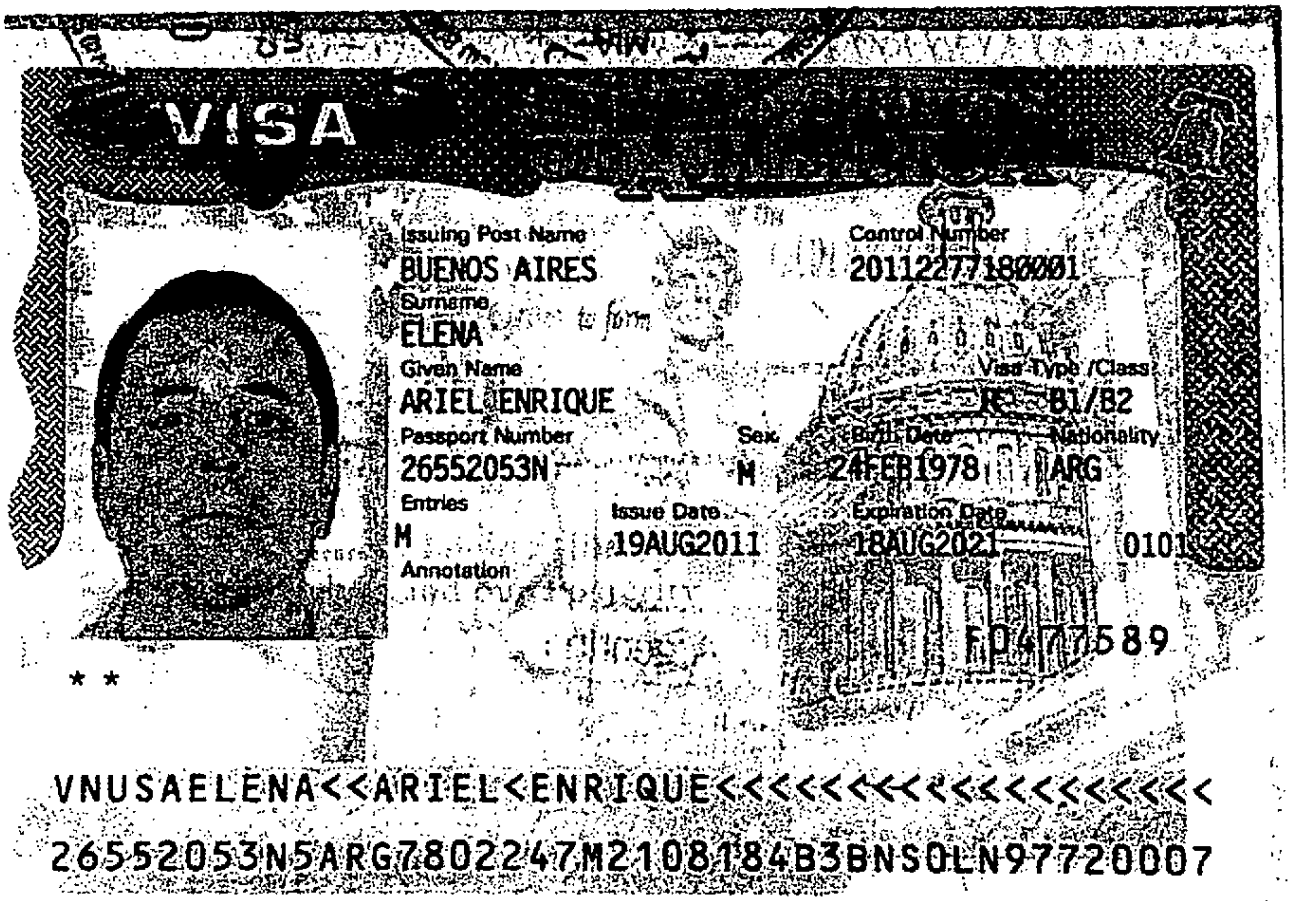
***I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.***

Ariel Enrique Elena _____

Required Signature/Incorporator Date


Chiqui Corp

Chiqui Corp



VISA

Issuing Post Name
BUENOS AIRES

Control Number
20112277180001

Surname
ELENA

Given Name
ARIEL ENRIQUE

Visa Type /Class
B1/B2

Passport Number
26552053N

Sex
M

Birth Date
24FEB1978

Nationality
ARG

Entries
M

Issue Date
19AUG2011

Expiration Date
18AUG2021

0101

Annotation

FP477589

* *

VNUSAELENA<<ARIEL<ENRIQUE<<<<<<<<<<<<<<<<<<<<<<

26552053N5ARG7802247M2108184B3BNSOLN97720007


P<ARGTORRES<<GABRIELA<VERONICA<<<<<<<<<<<<<<<

24434418N1ARG7502145F2107121000000000<<<<<<04