

P20000033107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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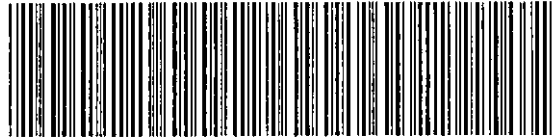
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Department of State
Division of Corporations

Stealth Courier LLC
1531 Commonwealth Business Dr.
Ste 105
Tallahassee, Fl. 32303
850-294-5632

Stealth Courier Box

Company: Sara Alicia Mayrena Co.
Requester: Corp. Services

COVER LETTER

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

SUBJECT: SARA ALICIA MAYRENA 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: **CORP SVCS INTL**

Name (Printed or typed)

7050 W PALMETTO PARK ROAD. #15-300.

Address

BOCA RATON, FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@CORPSVCSINTL.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: SARA ALICIA MAYRENA CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5550 GLADES ROAD. #300.

7050 W PALMETTO PARK ROAD. #15-300.

BOCA RATON, FL 33431

BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

INTERNATIONAL DISTRIBUTION OF MEDICAL EQUIPMENT AND SUPPLIES.

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER J FRANCO V, PRESIDENT.

Name and Title: _____

Address 19712 DINNER KEY DRIVE.

Address: _____

BOCA RATON FL 33498

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SEC
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: VICTOR OJEDA

Address: 7050 W PALMETTO PARK ROAD. #15-300.

BOCA RATON FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLA MARCELO

Address: 7050 W PALMETTO PARK ROAD. #15-300.

BOCA RATON, FL 33433

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

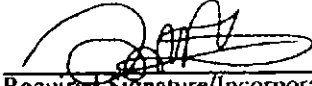


Required Signature/Registered Agent

MAY 3, 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

MAY 3, 2020

Date