

7/1/2020

Division of Corporations

P20000049299

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.

(((H20000205901 3)))



H200002059013ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

FILED
2020 JUN -7 PM 1:33
STATE OF FLORIDA

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION

TuCachapa Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

JUL 08 2020

T SCOTT

2020 JUN -7 AM 10:01

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

850-617-6381

7/2/2020 4:56:59 PM PAGE

1/001

Fax Server



July 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALEX PINA CO.

SUBJECT: TUCACHAPA CORP
REF: W20000068655

We have received your document for TUCACHAPA CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000205901
Letter Number: 020A00013042

850-617-6381

7/2/2020 5:52:07 PM PAGE 1/001 Fax Server



July 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALEX PINA CO.

SUBJECT: TUCACHAPA CORP
REF: W20000068690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H20000205901
Letter Number: 520A00013047

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

ARTICLE I NAMEThe name of the corporation shall be: TuCachapa Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address 10045 NW 46th St Apt 102 Mailing address, if different is:Doral, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and All Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Vicente G Andrade Fuenmayor - President Name and Title: _____Address 10045 NW 46th St Apt 102 Address: _____Doral, FL 33178

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2020 JUN -7 PM 1:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Alex Pina Co
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Vicente G Andrade Fuenmayor
Address: 10045 NW 46th St Apt 102
Doral, FL 33178

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

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

Date

TU CACHAPA LLC
L15000139921

July 6, 2020

Re: Statement of Name Release.

Dear Administration,

I, Vicente G Andrade Fuenmayor, confirm that TU CACHAPA LLC - L15000139921 will not be reinstated and therefore we release the use of the name to another entity.

Respectfully,

A handwritten signature in black ink, appearing to be 'Vicente G Andrade Fuenmayor', written over a faint horizontal line.

Vicente G Andrade Fuenmayor



Audit Trail

TITLE	Statement of Name Release - TuCachapa LLC
FILE NAME	Statement of Name Release.pdf
DOCUMENT ID	5ae498fab454a30d5fcc1acb258a09086d43b601
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	◆ Completed

Document History



SENT

07 / 06 / 2020
11:08:17 UTC-5

Sent for signature to Vicente G Andrade Fuenmayor
(vicentegerardoal@gmail.com) from client@alexpina.co
IP: 97.79.30.195



VIEWED

07 / 06 / 2020
17:06:52 UTC-5

Viewed by Vicente G Andrade Fuenmayor
(vicentegerardoal@gmail.com)
IP: 73.84.251.83



SIGNED

07 / 06 / 2020
17:07:18 UTC-5

Signed by Vicente G Andrade Fuenmayor
(vicentegerardoal@gmail.com)
IP: 73.84.251.83



COMPLETED

07 / 06 / 2020
17:07:18 UTC-5

The document has been completed.