

P21000003571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

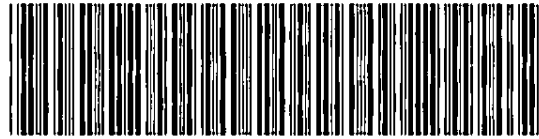
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/22/21--(1001--006) ** 1.00

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2021 JAN 21 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 JAN 21 PM 3:08

TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Estru Gtur Art E Corp

Signature _____

Requested by: Seth

01/20/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: Estru Glur Art E 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Maria E. Ruiz
Name (Printed or typed)

7750 S.W. 117 Ave # 203
Address

Miami Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariaquira9@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

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

021 JAN 21 AM 11:13

ARTICLE I NAME

The name of the corporation shall be: Estra Gtur Arte Corp.

SECRETARY OF STATE

TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13958 S.W. 155 Terrace

7750 S.W. 117 Ave Suite 203

Miami Florida 33177

Miami Florida 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal purpose

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria E. Espinoza Jaramillo, President Name and Title: Nuvia Corzo, Sec

Address: 13958 S.W. 155 Terr Address: 13958 S.W. 155 Terr

Miami Florida 33177 Miami Florida 33177

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Nuvia Corzo

Address: 13958 SW 155 Terrace

Miami, Florida 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nuvia Corzo

Address: 13958 SW 155 Terrace

Miami, Florida 33177

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/13/2021 (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

Nuvia Corzo
Required Signature/Registered Agent

1/12/2021
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.

Nuvia Corzo
Required Signature/Incorporator

Date 1/12/2021

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SECRETARY OF STATE
TALLAHASSEE, FL

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