

P21000031374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

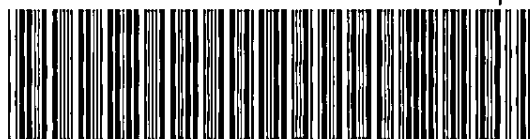
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/21--01004--019 **70.00

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2021 APR -8 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

21 APR -8 PM 2:36

CAPITAL CONNECTION, INC.

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

C M ORINOKIA BIULLING COMPANY INC

Signature _____

Requested by: SETH

04/06/21

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: C M ORINOKIA BILLING COMPANY INC
(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: MARIA E RUIZ
Name (Printed or typed)

7750 SW 117TH AVE SUITE 203
Address

MIAMI FLORIDA 33183
City, State & Zip

305 595-2407
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.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: C M ORINOKIA BILLING COMPANY INC

2021 APR -8 AM 9:47

ARTICLE II PRINCIPAL OFFICE

Principal street address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD FLORIDA 33033

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33183

SECRETARY OF STATE
TALLAHASSEE, FL

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: JOSE MANUEL FERREIRA, PRES

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: ADRIAN GONCALVES, VP

Address:

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: JOHN HURTADO, SEC

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: ANGEL GARRIDO, TREASURER

Address:

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title: OSCAR HURTADO, CEO

Address

3064 SE 1ST DRIVE UNIT 12

HOMESTEAD, FLORIDA 33033

Name and Title:

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: OSCAR HURTADO

Address: 3064 SE 1ST DRIVE UNIT 12
HOMESTEAD, FLORIDA 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE MANUEL FERREIRA

Address: 3064 SE 1ST DRIVE UNIT 12
HOMESTEAD, FLORIDA 33033

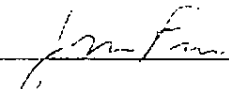
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/10/2021 (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




Required Signature/Registered Agent

04/08/2021

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.



Required Signature/Incorporator

04/08/2021

Date

SECRETARY OF STATE
TALLAHASSEE, FL

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