

P210 0006 7385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

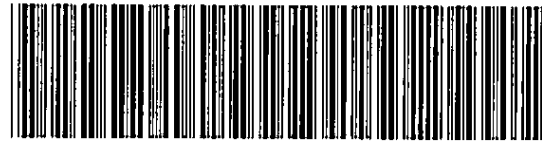
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
21 JUN 14 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
JUL 21 2021

W21-77549

April 27, 2021

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

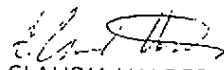
Re: VALENTINA PARTY RENTAL CORP

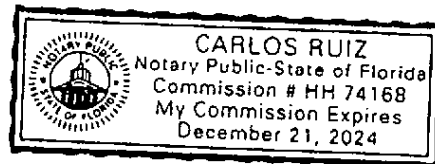
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
CLAUDIA VALDESUSO



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21 JUN 14 PM 12:43  
TALLAHASSEE, FLORIDA

TK# 700 364 777 127



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2021

MARIA E RUIZ  
7750 SW 117TH AVE SUITE 203  
MIAMI, FL 33183

SUBJECT: VALENTINA PARTY RENTAL CORP  
Ref. Number: W21000077549

2021 JUN 14 PM 1:47

We have received your document for VALENTINA PARTY RENTAL CORP and your check(s) totaling \$70.00. 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 621A00011558

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21 JUN 14 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: VALENTINA PARTY RENTAL 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 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

mariaguira9@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: VALENTINA PARTY RENTAL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10281 SW 20 STREET

MIAMI FLORIDA 33165

Mailing address, if different is:

7750 SW 117TH AVE SUITE 203

MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

**ARTICLE IV SHARES**

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

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

Name and Title: CLAUDIA VALDESUSO, PRES

Name and Title: BORIS GONZALEZ, VP

Address 10281 SW 20 STREET

Address: 10281 SW 20 STREET

MIAMI FLORIDA 33165

MIAMI FLORIDA 33165

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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21 JUN 15 PM 12:43  
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: CLAUDIA VALDESUSO  
Address: 10281 SW 20 STREET  
MIAMI FLORIDA 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLAUDIA VALDESUSO  
Address: 10281 SW 20 STREET  
MIAMI FLORIDA 33165

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/15/2021. (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*

x 

Required Signature/Registered Agent

04/27/2021

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

04/27/2021

Date