

P226006519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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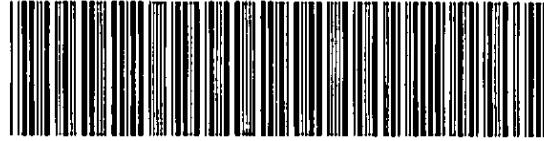
(Business Entity Name)

(Document Number)

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

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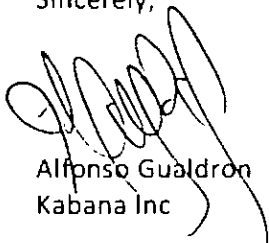
01/11/2022

Florida Department of State  
2415 N. Monroe ST., Suite 810  
Tallahassee, FL 32303  
**Ref.: KABANA INC**  
**Document #: P20000075082**

Dear Florida Department of State:

The purpose of this letter is to let you know that Alfonso Gualdron, President of KABANA INC, with document number P20000075082 is not going to use this corporation any more, I am applying for a new corporation with the same name.

Sincerely,



Alfonso Gualdron  
Kabana Inc

786-484-9138

President

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: KABANA 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: ALFONSO GUALDRON  
Name (Printed or typed)

2925 N.W. 130 AVE #111  
Address

SUNRISE, FL 33323  
City, State & Zip

786-484-9138  
Daytime Telephone number

KABANAINC20@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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DEPARTMENT OF STATE

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: KABANA INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2925 N.W. 130 AVE # 111  
SUNRISE, FL 33323

Mailing address, if different is:

2925 N.W. 130 AVE # 111  
SUNRISE, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 5000 AT \$ 0.10 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFONSO GUALDRON, P Name and Title: \_\_\_\_\_

Address 2925 N.W. 130 AVE # 111 Address: \_\_\_\_\_  
SUNRISE, FL 33323

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

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

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

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

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CLERK OF THE CIRCUIT COURT

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: ALFONSO GUALDRON

Address: 2925 N.W. 130 AVE #111  
SUNRISE, FL 33323

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ALFONSO GUALDRON

Address: 2925 N.W. 130 AVE #111  
SUNRISE, FL 33323

**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*

[Signature]  
Required Signature/Registered Agent

01/11/2022  
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.*

[Signature]  
Required Signature/Incorporator

01/11/2022  
Date