

P22000072715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

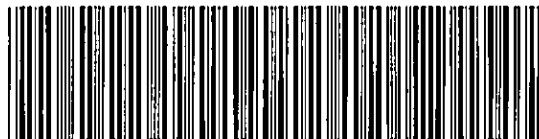
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
SEP 21 2022

09/21/22--01002--006 **78.75

2022 SEP 20 PM 3:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 20 PM 3:41

COVER LETTER

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

SUBJECT: U Zambrano Services 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

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

ADDITIONAL COPY REQUIRED

FROM: Albert corey
Name (Printed or typed)
1800 w 63 st suite 118
Address
Tallahassee FL 32314
City, State & Zip
305-823-9228
Daytime Telephone number
pgoudie@ymr.com
E-mail address: (to be used for future annual report notification)

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

CAPITAL CONNECTION, INC.

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

U ZAMRANO SERVICES INC

____ 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 _____

Signature _____

Requested by: SETH

09/20/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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: U Zambrano Services inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

575 SE 18th Ln

Homestead Fl

Zip Code: 33033

Country: United States

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Chief services

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ustinov Zambrano president

Name and Title: _____

Address: 575 SE 18th Ln
Homestead
FL

Address: _____

Zip Code: 33033

Country: United States

Name and Title: Patricia Goudie vp

Name and Title: _____

Address: 575 SE 18th Ln

Address: _____

Homestead Fl

33033

United States

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATIONS
22 SEP 20 PM 3:41

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: Ustinov Zambrano
Address: 575 SE 18th Ln
Homestead Fl 33033
United States

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ustinov Zambrano
Address: 575 SE 18th Ln
Homestead Fl 33033

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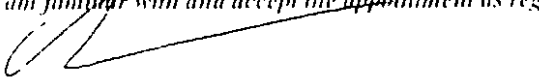
ARTICLE VIII EFFECTIVE DATE: 09/19/2022

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.)

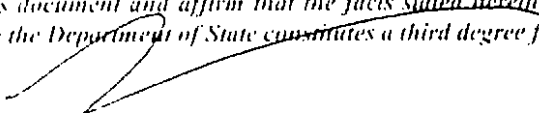
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

09/19/2022
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.


Required Signature Incorporator

09/19/2022
Date