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

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2022 SEP 20 PM 3:05
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 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: Albert correy
Name (Printed or typed)

1803 w 68 st suite 118
Address

Hialeah fl 33014
City, State & Zip

305-823-9228
Daytime Telephone number

pgoudie@ymx.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

Signature

Requested by: SETH

Name

09/20/22

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_____

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

575 SE 18th Ln
Homestead Fl

Zip Code: 33033
Country: United States

Mailing address, if different is:

ARTICLE III PURPOSE

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

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ustinov Zambrano president

Address: 575 SE 18th Ln
Homestead
FL
Zip Code: 33033
Country: United States

Name and Title:

Address:

Name and Title: Patricia Goudie vp

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

Name and Title:

Address:

Name and Title:

Address:

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: Ustinov Zambrano

Address: 575 SE 18th Ln

Homestead Fl 33033

United States

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ARTICLE VII INCORPORATOR

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

Name: Ustinov Zambrano

Address: 575 SE 18th Ln

Homestead Fl 33033

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

_____ 09/19/2022

Required Signature Registered Agent 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.

_____ 09/19/2022

Required Signature Incorporator Date