

12/1/23 2:39 PM

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TARPON SANTA INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

T.J.H.

12/11/23

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: TARPON SANTA 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: KEITH E LONG, ATTORNEY-IN-FACT

Name (Printed or typed)

1306 SE 46TH LN. STE 1

Address

CAPE CORAL, FL 33904

City, State & Zip

(239) 400-2060

Daytime Telephone number

KEITH@LONGLAWFL.COM

E-mail address: (to be used for future annual report notification)

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

2023 DEC -8 PM 1:32
FBI
TALLAHASSEE
FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be TARPON SANTA INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is.

2200 MALIBU LAKES CIRCLE APT 921NAPLES, FL 34119ARTICLE III PURPOSEThe purpose for which the corporation is organized is ANY AND ALL LAWFULL BUSINESS ACTIVITY.ARTICLE IV SHARESThe number of shares of stock is 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PEDRO AGUIRREName and Title: PRESIDENTAddress 2200 MALIBU LAKES CIRCLE

Address: _____

APT 921NAPLES, FL 34119Name and Title: JULIO ARELLANOName and Title: VICE PRESIDENTAddress 6926 DORAL DR.

Address: _____

RADFORD, VA 24141Name and Title: EFREN VICTOR MONTANOName and Title: TREASURERAddress 1702 IVY GREEN ST.

Address: _____

JONESBORO, AR 72401

2023 DEC -8 PM 1:32

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: LONG LAW, P.A.
Address: 1306 SE 46TH LN. STE 1
CAPE CORAL, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name: KEITH E LONG, ATTORNEY-IN-FACT
Address: 1306 SE 46TH LN. STE 1
CAPE CORAL, FL 33904

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

KEITH E LONG, ATTORNEY-IN-FACT

Required Signature/Registered Agent

12/01/2023

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.

KEITH LONG
Required Signature/Incorporator

12/01/2023
Date

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2023 DEC -