

P24000007325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

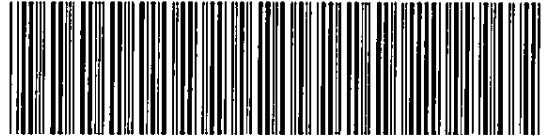
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024

PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/26/2024

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1224884

ORDER ENTITY
ESTILO FURNITURE, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ESTILO FURNITURE, INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Estilo Furniture, 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: Jony "Jon" Peraza

Name (Printed or typed)

600 Cleveland St, Suite 367

Address

Clearwater, FL 33755

City, State & Zip

818-668-7223

Daytime Telephone number

jon.peraza@gmail.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: Estilo Furniture, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>600 Cleveland St, Suite 367</u>	<u></u>
<u>Clearwater, FL 33755</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: online furniture store

ARTICLE IV SHARES 100,000 common shares authorized at par value \$.0001

The number of shares of stock is: 10,000 preferred shares authorized at par value \$.0001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jony "Jon" Peraza, President</u>	Name and Title: <u></u>
Address <u>600 Cleveland St, Suite 367</u>	Address: <u></u>
<u>Clearwater, FL 33755</u>	<u></u>
<u></u>	<u></u>
 Name and Title: <u></u>	 Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>
 Name and Title: <u></u>	 Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Jony "Jon" Peraza

Address: 600 Cleveland St, Suite 367

Clearwater, FL 33755

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

Lisa A. Delaney

Required Signature/Registered Agent

1/25/24

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.

Jon Peraza

Required Signature/Incorporator

1/25/24

Date

2024 - 1 - 15 2:15