

P24000008490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

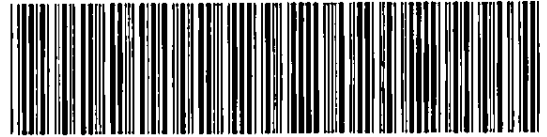
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2024

2024 JAN 31 PM 2:58

ALLAHASSET LLP

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NS

**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** 1/31/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1225479

**ORDER ENTITY**  
26 TROPICARIUM CO

**PLEASE PERFORM THE FOLLOWING SERVICES:**

26 TROPICARIUM CO (FL)

New corp filing

**NOTES:**

\$70.00 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" or similar initials.

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:** 26 TROPICARIUM CO  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Sapphire Marquez  
Name (Printed or typed)

7801 Folsom Blvd Ste 202  
Address

Sacramento CA 95826  
City, State & Zip

(310) 858-5511  
Daytime Telephone number

info@irs-audit-group.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: 26 TROPICARIUM CO

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

21724 LITTLE BEAR

BOCA RATON FL 33428

Mailing address, if different is:

21724 LITTLE BEAR

BOCA RATON FL 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: IMPORT AND EXPORT

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROEE KAPETA, Director

Address: 21724 LITTLE BEAR

BOCA RATON FL 33428

Name and Title: IRINA KAPETA, Director

Address: 21724 LITTLE BEAR

BOCA RATON FL 33428

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

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

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: ROEE KAPETA  
Address: 21724 LITTLE BEAR  
BOCA RATON FL 33428

**ARTICLE VII INCORPORATOR**

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

Name: Sapphire Marquez  
Address: 7801 Folsom Blvd Ste 202  
Sacramento CA 95826

**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*

/S/ ROEE KAPETA

Required Signature/Registered Agent

1/30/2024

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.*

/S/ Sapphire Marquez

Required Signature/Incorporator

1/30/2024

Date

2024 JAN 30 PM 2:12