# \* MWS8/76

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

		30	0004375 -06/07/01 *****87.50	-010570	19 19		
SUBJECT:	CODOTRANS, INC.			/	1.50		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
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Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for				
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\$70.00	<b>□</b> \$78.75	<b>□</b> \$78.75	\$87.50				
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		ADDITIONAL CO.	1 1 KEQUIKED				
				TEG Y	'		
FROM:							
FROM: MAYRA NOBOA  Name (Printed or typed)  Name (Printed or typed)					11		
				111-4	FILED		
4216 MAHOGANY RIDGE DRIVE					Ö		
	4216 MAHOGANY RIDGE DRIVE  Address  Address  RIDGE  REPRESENTATION  AM  AR  COLUMN  CO						
			į	RATE 55.			
	WESTON, FLORIDA	33331	1	<b>S</b>			
	City, State & Zip						
	•	•					
	954-660-0412	-					
	<b>プンサーリリリーリサーム</b>						

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

Daytime Telephone number

15/12/07/

# ARTICLES OF INCORPORATION

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

FILED

### <u>ARTICLE I</u> NAME

The name of the corporation shall be:

CODOTRANS, INC.

OI JUN -7 AMII: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4216 MAHOGANY RIDGE DRIVE WESTON, FLORIDA 33331

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EXPORTER OF GOODS, IMPORTER OF GOODS, PURCHASING AGENT.

# ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES AT \$1.00 PER VALUE.

# ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

The name(s) and address(es):

MAYRA NOBOA 4216 MAHOGANY RIDGE DRIVE WESTON, FLORIDA 33331

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MAYRA NOBOA 4216 MAHOGANY RIDGE DRIVE WESTON, FLORIDA 33331

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAYRA NOBOA 4216 MAHOGANY RIDGE DRIVE WESTON, FLORIDA 33331

**************	************
	ess for the above stated corneration at the place designated in this
Ways Matou	JUNE 5, 2001
Signature/Registered Agent	Date
apaparlatoa	JUNE 5, 2001
Signature/Incorporator	Date

# - MWS8/76

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

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Enclosed is an origina	al and one(1) copy of the article	TE NAME – MUST INCLU  Ses of incorporation and a		_
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name (Printed or typed)  4216 MAHOGANY RIDGE DRIVE  Address			FILED  OI JUN-7 AMII: 58  SECRETARY OF STATE
	WESTON, FLORIDA City, S	33331 tate & Zip		
	954-660-0412 Daytime Tele	ephone number	<del></del>	

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MAYRA NOBOA 4216 MAHOGANY RIDGE DRIVE WESTON, FLORIDA 33331

*************	*************
Having been named as registered agent to accept service of process	for the above stated corporation at the place designated in this
certificate, I arf familiar with and accept the appointment as register	red agent and agree to act in this capacity
Waysel Thatou	JUNE 5, 2001
Signature/Registered Agent	Date
apparlatora	JUNE 5, 2001
Ci adatura/Inagenaratar	Dota