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COVER LETTER



TALLAHASSEE FLORIDA

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

SUBJECT: RE	EPLENISH I	NK INC.		
	(PROPOS)	ED CORPORA	TE NAME - MUST INCL	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	REPLENISH		Printed or typed)	
	P.O. BOX 3		ddress	
	MIAMI, FL) State & Zip	
	1.877.378.3		elephone number	

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:

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Replenish Ink Inc.

TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business Address: 701 Brickell Key Boulevard, PH10, Miami, FL 33131

Mailing Address: P.O. Box 310070, Miami, FL 33231-0070

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is:

1.000.000 Shares

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Mr. Hector Erquiaga, P.O. Box 310070, Miami, FL 33231 - President / CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mr. Hector Erquiaga, 701 Brickell Key Boulevard, PH10, Miami, FL 33131

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Mr. Hector Erquiaga P.O. Box 310070 Miami, FL 33231

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this um familiar with and accept the appointment as registered agent and agree to act in this capacity certificate, I