

P11000065070Florida Department of State
Division of Corporations
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367166

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696RECEIVED
11 JUL 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
FRANCA CITIBAG, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

FRANCA CITABAG, INC.

The name of the corporation shall be:

Principal street address
3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FLORIDA 33134

Mailing address, if different is:

3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FLORIDA 33134

The purpose for which the corporation is organized is:
GENERAL PURPOSE

The number of shares of stock is: 100 SHARES

Name and Title: OSCAR JOSE INFANTE - DIR. PRESIDENT
Address: 3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES FLORIDA 33134

Name and Title: CARLOS HUGO FRANCANO - DIR. SEC. TREAS.
Address: 3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FLORIDA 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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

Name: MIRTA PEREZ
Address: 1492 S. MIAMI AVE
MIAMI FLORIDA 33130

The name and address of the Incorporator is:

Name: OSCAR JOSE INFANTE
Address: 3001 PONCE DE LEON BLVD. SUITE 211
CORAL GABLES, FLORIDA 33134

[illegible]

Hiring 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 this appointment as registered agent and agree to act in this capacity.

Required Signature/Initials

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information contained in a document in the Department of State constitutes a crime according as provided for in 22 U.S.C. 1595.

STANDARD SIGNATURE INCORPORATION

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