

P/200002/180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

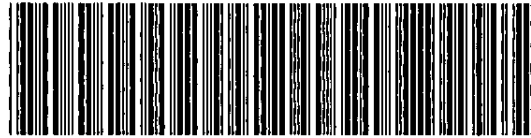
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REMOVED "PERCENTAGE"
SIGN FROM ARTICLE IV "SHARES
OF STOCK" PER TELEPHONE
CONVERSATION WITH JUAN
MANUEL TRIME DIAZ.

Office Use Only



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COVER LETTER

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

SUBJECT: OPALOS DE MEXICO INC.-(MEXICAN FIRE OPALS)
(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 Filing Fee
☒ \$78.75 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
ADDITIONAL COPY REQUIRED	

FROM: JUAN MANUEL JAIME DIAZ
Name (Printed or typed)

3904 W STATE ST
Address

TAMPA FLORIDA 33609
City, State & Zip

(813)377-6476
Daytime Telephone number

fireopalmagdalena@hotmail.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 OPALOS DE MEXICO INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3904 W STATE ST
TAMPA
FLORIDA 33609 U.S.A.

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR A PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN MANUEL JAIME DIAZ
Address: PRESIDENT
3904 W STATE ST
TAMPA FLORIDA 33609 U.S.A.

Name and Title: MARIA CAROLINA JAIME
Address: BUYER DIRECTOR
3904 W STATE ST
TAMPA FLORIDA 33609 U.S.A.

Name and Title: JUAN MANUEL JAIME JR
Address: VICE PRESIDENT
3904 W STATE ST
TAMPA FLORIDA 33609 U.S.A.

Name and Title: _____
Address: _____

Name and Title: MARIA ELENA JAIME
Address: SALES DIRECTOR
3904 W STATE ST
TAMPA FL 33609 U.S.A.

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: JUAN MANUEL JAIME DIAZ
Address: 3904 W STATE ST
TAMPA FLORIDA 33609 U.S.A.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN MANUEL JAIME DIAZ
Address: 3904 W STATE ST
TAMPA FLORIDA 33609 U.S.A.

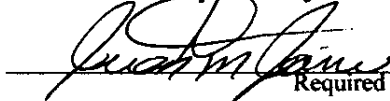
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/28/2017
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.



Required Signature/Incorporator

02/28/2017
Date