

P12000058849

Florida Department of State

Division of Corporations

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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) 633-9696

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
TRES MIRADAS, INC.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (02), and Estimated Charge (\$78.75).

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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: **TRES MIRADAS, INC.**

ARTICLE II PRINCIPAL OFFICE
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

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

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: SILVIA ROSANA MEJ GAREJO D.F.S.T Name and Title: _____
Address: 3001 PONCE DE LEON BLVD Address: _____
SUITE 211
CORAL GABLES, FLORIDA 33134
Name and Title: _____ Name and Title: _____
Address: _____ 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: Corporate Creations Network, Inc.
Address: 11388 Prosperity Farms Road Suite 221-B
Palm Beach Gardens, Florida 33410

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: SILVIA ROSANA MEJ GAREJO
Address: 3001 PONCE DE LEON BLVD SUITE 211
CORAL GABLES, FLORIDA 33134

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

Steven Buchta Steven Buchta, Vice President
Required Signature/Registered Agent 06/22/12
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.
Silvia Mejgarejo
Required Signature/Incorporator 6-22-12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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