P13000009347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

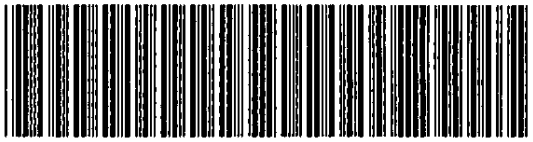
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200244075022

01/28/13--01035--003 **70.00

FILED
13 JAN 28 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/29

COVER LETTER

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

SUBJECT: EFTEN Corporation
(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	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	

FROM: Arturo A. Rojas
Name (Printed or typed)

848 Brickell Ave. Ste. 950
Address

Miami, FL. 33131
City, State & Zip

(305) 579-0258
Daytime Telephone number

Tecnoravia@aol.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

The name of the corporation shall be: EFTEN Corporation

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
848 BRICKELL AVE.
SUITE 950
MIAMI, FL. 33131

Mailing address, if different is:
(SAME)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PURCHASE AND SALE OF EQUIPMENT, SPARE PARTS AND ANY OTHER LEGAL COMMERCIAL ACTIVITY OR BUSINESS ENDEAVOR.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMAR CAMERO
PRESIDENT
Address: 848 BRICKELL AVE. #950
MIAMI, FL. 33131

Name and Title: ARTURO ROJAS
V-PRESIDENT / SECRETARY
Address: 848 BRICKELL AVE. #950
MIAMI, FL. 33131

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
13 JAN 28 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: ARTURO ROJAS
Address: 848 BRICKELL AVE. Ste. 950
MIAMI, FL. 33131

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ARTURO ROJAS
Address: 848 BRICKELL AVE. Ste. 950
MIAMI, FL. 33131

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 — Date: 1/23/2013

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 — Date: 1/23/2013