

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000356473)))



H130000356473ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: NELSON & ASSOCIATES, C.P.A., P.A. Account Name

Account Number : I20120000083 : (305)593-0829 Phone Fax Number : (305)593-8744

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA PROFIT/NON PROFIT CORPORATION CHANG ORIENTAL IMPORTS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help & Shivers FEB 1.5 2013

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

	PRINCIPAL OFFICE			
AKIILLEII	Principal street address		Mailing address, if different is:	
9	001 BRICKELL KEY BLVD.			
	SUITE 808			-
N	MAMI, FL 33131			_
	,			
ARTICLE III The purpose for w	hich the corporation is organized is:			
ANY AND AL	L LAWFÜL BUSINESS		•	
			•	
	·			
ARTICLE IV	SHARES		· :	
	res of stock is: 100		•	
	INITIAL OFFICERS AND/OR DIRECTORS			
	ILLE HECTOR PENA, PRESIDENT		LUCIA FRONTIRRE, TREASU	RER
Address:	901 BRICKELL KEY BLVD	Address:	901 BRICKELL KEY BLVD	-
•	SUITE 808	-	SUITE 808	•
	MIAMI, FL 33131	•	MIAMI, FL 33131	-
Name and Ti	ítle: ANTONIO DI MATTEO, VICE PRESIDENT	Name and Title	e;	_
Address:	901 BRICKELL KEY BLVD	Address:	•	-
	SUITE 808			
	MIAMI, FL 33131	•		- -
Name and Ti	ille: CETTINA FRONTIRRE, SECRETARY	Name and Title	•:	
Address:	901 BRICKELL KEY BLVD			•
	SUITE 808			•
	MIAMI, FL.33131			
	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable) of	the registered age	ont is:	<u>;;</u>
Name:	THE LEVY GROUP, CORP.	une registered age		<u></u>
Address:	1867 NW 97 AVENUE, STE 102		TH	. 50
1 Eddicas.	MIAMI, FI 33172	•	55	
		•	2) = C	1:
RTICLE VII	INCORPORATOR		in the second second	*****
he name and add	Iress of the Incorporator is:		T Fi	
Name:	HECTOR PENA		<u>20</u>	9:
Address:	901 BRICKELL KEY BLVD, SUITE 108	3	出名	N
0	MIAMI, FL 33131		울	9
		C= 45 - 45 - 46	-4-4	<u>.</u>
	d as registered agent to accept service of process			m
nis cernficate, tyin	h fapyliar with and accept the appointment as regis	ыеген ауепі апа	agree to act in this capacity	
h,			FEBRUARY 13, 2013	
	Required Signature/Registered Agent		Date	
	I			
	ment and offirm that the facts stated herein are t			a
ocument to the De	epartment of State constitutes a third degree felony	as provided for i	n s.817.155, F.S.	
				_
	Jane		FEBRUARY 13, 201	3.
	Required Signature/Incorporator		Date	

Required Signature/Incorporator