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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

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

Email Address: raquela@padrocpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ANSA Holdings, Inc.

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUN -4 PM 3:24

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Corporate Filing Menu

JUN 13 2013



June 3, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PADRO AND COMPANY, P.A.

SUBJECT: ANSA HOLDINGS, INC.
REF: W13000031841

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H13000119913
Letter Number: 113A00013782

2/4

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: ANSA Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

14154 SW 276 Way
Homestead, FL 33032

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawful business activities permitted under the laws of United States
and of the State of Florida .

ARTICLE IV SHARES 10,000 @ \$.01cent
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Acevedo VD

Address: 14154 S.W. 276th WAY
Homestead, FL 33082

Name and Title: Miriam Montano PD

Address: 14154 S.W. 276th WAY
Homestead, FL 33082

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont.)

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: Jose F. Padró
Address: 2520 NW 97 ave, suite 120
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Acevedo
Address: 14154 S.W. 276th WAY
Homestead, FL 33082

Having been named its 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

Jose F. Padró
Required Signature/Registered Agent

5/23/13
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. 812.155, F.S.

✓ Anthony Acevedo
Required Signature/Incorporator

6/3/13
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA