

P13000068652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

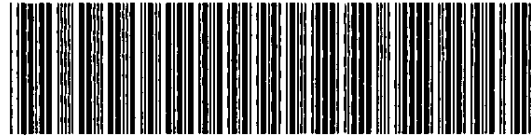
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/13--01012--001 **78.75

13 AUG 16 AM 2:45
DIVISION OF CORPORATIONS
SECRETARY OF STATE

8/21
90

COVER LETTER

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

SUBJECT: J.P. FLORIDA INTERNATIONAL TRADE, CO.
(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: GUSTAVO SALAZAR.

Name (Printed or typed)

400 KINGS POINT DR. STE # 517.

Address

SUNNY ISLES BEACH, FL. 33160.

City, State & Zip

954-260-5521

Daytime Telephone number

SALAZAR-GUS001@GMAIL.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: I.P. FLORIDA INTERNATIONAL TRADE, Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 KINGS POINT DR. STE # 517

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORTS AND EXPORTS SERVICES,
INTERNATIONAL TRADE.

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUSTAVO SALAZAR / PRESIDENT Name and Title: _____

Address 400 KINGS POINT DR. # 517 Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

13 AUG 15 AM 2:45
DIVISION OF CORPORATIONS
STATE OF FLORIDA

(conti.)

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: GUSTAVO SALAZAR
Address: 400 KINGS POINT DR, #517
SUNNY ISLES BEACH, FL 33160

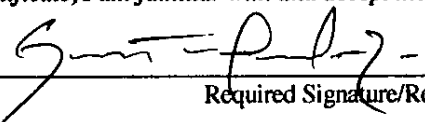
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

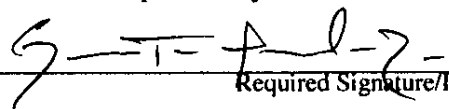
Name: GUSTAVO SALAZAR
Address: 400 KINGS POINT DR. #517
SUNNY ISLES BEACH, FL 33160

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DEPT. OF STATE
DIVISION OF CORPORATIONS

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

 08-14-2013
Required Signature/Registered Agent 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.

 08-14-2013
Required Signature/Incorporator Date