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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
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Email Address: Trauls@bellsouth.net

FLORIDA PROFIT/NON PROFIT CORPORATION
SERBRIALI BLADES, INC.

Certificate of Status	0
Certified Copy	1
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February 17, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARES & COMPANY CPA PA

SUBJECT: SERBRIALI BLADES, INC.
REF: W16000011928

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.

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

Tim Burch
Regulatory Specialist II

FAX Aud. #: H16000036136
Letter Number: 716A00003277

*Corrected document
Attached.*

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ARTICLES OF INCORPORATION
OF
SERBRIALI BLADES, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SERBRIALI BLADES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.
3636 SW 87TH AVE.
MIAMI, FL. 331165
PH: 305-229-8256
FAX: 305-229-8252

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Transact any and all lawful business.

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

SERBRIALI BLADES, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

LIZA ENID TORRENS
14371 SW 49TH ST
MIAMI, FL. 33175

The business principal office and mailing address shall be:

14371 SW 49TH ST
MIAMI, FL. 33175

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by TWO (2) persons, whose names and addresses are:

SERGIO RAUL TORRENS-SOLIS - PRESIDENT - 50% SHAREHOLDER
14371 SW 49TH ST
MIAMI, FL. 33175

LIZA ENID TORRENS - EXECUTIVE SECRETARY - 50 % SHAREHOLDER
14371 SW 49TH ST
MIAMI, FL. 33175

The name and address of the incorporator executing these Articles of Incorporation is:

SERGIO R. TORRENS-SOLIS
14371 SW 49TH ST
MIAMI, FL. 33175

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned incorporator/officers have executed these Articles of Incorporation this 11TH day of February, 2016

SERGIO R. TORRENS-SOLIS
PRESIDENT

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DESIGNATION CERTIFICATE
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

SERBRIALI BLADES, INC.

2. The name and address of the Registered Agent and office is:

LIZA ENID TORRENS
14371 SW 49TH ST
MIAMI, FL. 33175

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Liza Enid Torrens
LIZA ENID TORRENS

DATE:

02/11/2016

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