

2/16/2017 12:02PM  
Division of Corporations  
0679  
**P16000015560**

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 : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CTD IMPORT INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

16 FEB 17 PM 2:16  
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MD 2/18

**AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **ANA SEVILLA**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **CTD IMPORT INC.** a Florida corporation to be filed with the Florida Department Of State on or about February 15<sup>th</sup> 2016.
2. The undersigned hereby consents to and authorizes the use by **CTD IMPORT INC.** of the name **CTD IMPORT INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.



ANA SEVILLA

STATE OF FLORIDA            )  
   ) SS:  
 COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **ANA SEVILLA**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 15<sup>TH</sup> day of FEBRUARY 2016

*Beatriz E. Calderon*  
 Notary Public Signature  
**BEATRIZ CALDERON**  
 MY COMMISSION #FF126284  
 EXPIRES June 2, 2018  
 (407) 388-0153 FloridaNotaryService.com

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

**ARTICLE I NAME** CTD IMPORT, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
8150 NW 53RD ST 211 \_\_\_\_\_  
MIAMI, FL 33166 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ANA SEVILLA / PD Name and Title: \_\_\_\_\_  
Address 8150 NW 53RD ST 211 Address: \_\_\_\_\_  
MIAMI, FL 33166 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: ANDRE ROJAS / S,T Name and Title: \_\_\_\_\_  
Address 8695 NW 6TH LN 104 Address: \_\_\_\_\_  
MIAMI, FL 33126 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: ANDRIS ROJAS  
 Address: 8150 NW 53RD ST  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANA SEVILLA  
 Address: 8150 NW 53RD ST  
MIAMI, FL 33166

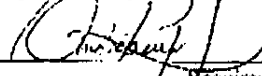
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

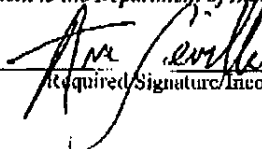
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ 02/15/2016  
 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.*

 \_\_\_\_\_ 02/15/2016  
 Required Signature/Incorporator Date