

MAY/26/2016/THU 2:23 PM
5/26/2016

P16 000046975

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.

(((H16000130411 3)))



H160001304113ABCR

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: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I2000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
17621 INVESTMENT CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

16 MAY 26 PM 1:57

CALL ALABAMA, FLORIDA

16 MAY 26 PM 2:06

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME 17621 INVESTMENT CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
17621 NW 44 ROAD SAME
MIAMI GARDENS, FL 33055

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

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISMARY BARRERA (P/S/D) Name and Title: _____
Address 17621 NW 44 ROAD Address: _____
MIAMI GARDENS, FL 33055

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 26 PM 2:06

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: ISMARY BARRERA
 Address: 17621 NW 44 RD
MIAMI GARDENS, FL 33055

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 MAY 26 PM 2:06

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISMARY BARRERA
 Address: 17621 NW 44 RD
MIAMI GARDENS, FL 33055

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

T. Barrera _____ 05/25/2016 _____
 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.

T. Barrera _____ 05/25/2016 _____
 Required Signature/Incorporator Date