

## 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.

(((H110001413943)))



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 : DORAL CORPORATE FILING SERVICE

Account Number: I2007000081

Phone : (305)436-0979

Fax Number

: (305)592-5575

\*\*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 F.T.T. EXPORT, CORP.

Certificate of Status	0
Certified Copy	11
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

SECRETA PROPERTION

ARTICLE I NAME F.T.T. EXPORT, CORP. The name of the corporation shall be:	2011 MAY 27 AM 10: 55
ARTICLE II PRINCIPAL OFFICE Principal street address 2415 NW 97TH AVE	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS	:
ARTICLE IV SHARES The number of shares of stock is 100 SHARES  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: FABIOLA C. TAVIO. PRESIDENT Address: 2415 NW 97TH AVE DORAL, 33172	Name and Title:Address:
Name and Title: IVAN E. ESCALONA, VICE PRESIDENT Address: 2415 NW 97TH AVE DORAL, 33172	Name and Title:  Address:
Name and Title:Address:	Name and Title:Address:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the Name:  MARLENE FERNANDEZ-TOPP  Address: 2415 NW 97TH AVE  DORAL FL 33172	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: EABIOLA C. TAVIO  Address: 2415 NW 97TH AVE  DOBAL FL 33172	
Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as registed.	ered agent and agree to act in this capacity
Required Signardire/Registered Agent  I submit this document and affirm that the facts stated herein are tr	O5/27/2011  Date  u.e. I om aware that the false information submitted in a
document to the Department of State constitutes a third degree felony a	s provided for in s.817.155, F.S. 05/27/2011
Required Signature incorporator	Date