

MAY/13/2016 PM 0:25 PM

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INVERSIONES TUREPUESTO PYP 1080, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
16 MAY 13 PM 2:42
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 MAY 13 AM 11:18

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P. 002/003

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SEC. STATE
TALLAHASSEE, FLORIDA

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: INVERSIONES TUREPUESTO PYP 1080, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1211 NW 93 CT

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALWFUL BUSINESS

ANY AND ALWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATALE POSTERARO (P/D)

Name and Title: _____

Address 1211 NW 93 CT

Address: _____

MIAMI, FL 33172

Name and Title: FRANCO POSTERARO (V/D)

Name and Title: _____

Address 1211 NW 93 CT

Address: _____

MIAMI, FL 33172

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: NATALE POSTERARO
Address: 1211 NW 93 CT
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATALE POSTERARO
Address: 1211 NW 93 CT
MIAMI, FL 33172

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

Natale Posteraro
Required Signature/Registered Agent

5/11/16
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.

Natale Posteraro
Required Signature/Incorporator

5/11/16
Date

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DEPARTMENT OF STATE
HALL OF RECORDS