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## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: 119990000017 Phone : (305)485-9300

: (305)559-7477

## FLORIDA PROFIT CORPORATION OR P.A.

REFILL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

1/11/99

# HOLOOOOO 419 ACCRETABLY OF STEEL STE

THE UNDERSIGNED, has executed the following document as incorporator of the above name 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.

REFILL PRODUCTS, INC.

## ARTICLE I

The name of this corporation shall be:

## REFILL PRODUCTS, INC.

## ARTICLE II

This corporation shall commence existence upon the filling 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 purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- To have perpetual succession by its corporate

Name:

Bestniz Horsles 4080 S.W &4 AVE 4080 S.W &4 AVE HIBMI 71 33155 (805) 485.9300

REFILL PRODUCTS, INC.

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# S19140000010H

## **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

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

## ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOSEFINA VASQUEZ 8347 NW 68 ST MIAMI, FL. 33166

The principal office shall be:

8347 NW 68 ST MIAMI, FL. 33166

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#### ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) person, and the name and address of the person who is to serve as an initial director is:

JOSEFINA VASQUEZ 8347 NW 68 ST MIAMI, FL. 33166

PRESIDENT

PEDRO VASQUEZ 8347 NW 68 ST MIAMI, FL. 33166

VICE-PRESIDENT

The name and address of the incorporator executing these articles of incorporation

JOSEFINA VASQUEZ 8347 NW 68 ST MIAMI, FL. 33166

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 09 days of JANUARY, 2001

JOSÉFINA VASQUEZ

PRESIDENT

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws 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:

## REFILL PRODUCTS, INC.

2. The name and address of the registered agent end office is:

JOSEFINA VASQUEZ 8347 NW 68 ST MIAM!, FL. 33166 01 JAN 10 PH 1:57
SECRETARY OF STATE
TALL AHASSEE 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 AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

GNATURE Jake Town Di

Dated: JANUARY 09, 2001

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