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FILED

TRANSMITTAL LETTER

02 MAY -6 PM 3: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

9000005462539--8  
-05/06/02--01070-005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ASHIO CORPORATION.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: ADRIANA SALAS

Name (Printed or typed)

4243 NW 107 AVE #130

Address

MIAMI, FLORIDA 33178

City, State & Zip

(305) - 216-6733

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

CBS-9

**ARTICLES OF INCORPORATION**

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

**FILED**

02 MAY -6 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ASHIO CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4243 NW 107ave #130  
MIAMI, FLORIDA 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INVESTMENT & EXPORT/IMPORT

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

\* ADRIANA SALAS : 4243 NW 107 ave #130 miami, FL 33178.  
"DIRECTOR" - PRESIDENT

\* ROMMEL CHIQUITO : 4243 NW 107 ave #130 miami, FL 33178.  
"S- DIRECTOR"

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

ADRIANA SALAS - 4243 NW 107 ave #130 miami, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ADRIANA SALAS - 4243 NW 107 ave #130 miami, FL 33178

\*\*\*\*\*  
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

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date