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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

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11/14

TRANSMITTAL LETTER

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

SUBJECT: Copierexc. Inc.
(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: ASDRUBAL D ALVARENGA
Name (Printed or typed)

1132 SW 141 AV.
Address

MIAMI FL. 33184
City, State & Zip

(305) 885-1820
Daytime Telephone number

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

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

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ARTICLE I NAME
The name of the corporation shall be:

Copierexc. Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

7252 NW 70st.
Miami Fl. 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Export Office Equipment

ARTICLE IV SHARES
The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):

PD/STD-ASDRUBAL D ALVARENGA
1132 SW 141 Av. Miami Fl 33184 (PD/STD)

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:
ASDRUBAL D ALVARENGA
1132 SW 141 Av. Miami Fl. 33184

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Copierexc. Inc.
7252 NW 70st. Miami Fl. 33166

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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 — Nov 5/02 Date

Signature/Incorporator — Nov 5/02 Date