

PO2000129192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

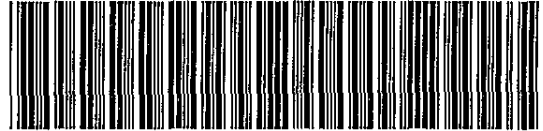
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. 12 6

TRANSMITTAL LETTER

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

SUBJECT: Concentricglobal.corp
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Andres Almonacid.
Name (Printed or typed)

9143 Sw 77 Ave 207B
Address

Miami Florida 33156.
City, State & Zip

305 2795174.
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)

ARTICLE I NAME

The name of the corporation shall be:

Concentricglobal.corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9143 Sw 77 Ave 207 B
Miami FL 33156.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import, export and all legal business.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of 10 dollars each one.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Andres Almonacid.
9143 Sw 77 Ave 207 b Miami FL 33156.
Director.

ARTICLE VI REGISTERED AGENT

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

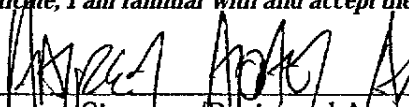
Andres Almonacid.
9143 Sw 77 Ave 207 b Miami FL 33156.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andres Almonacid.
9143 Sw 77 Ave 207 b Miami FL 33156.

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

11/27/02

Date



Signature/Incorporator

11/27/02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA