

P0300012484e

(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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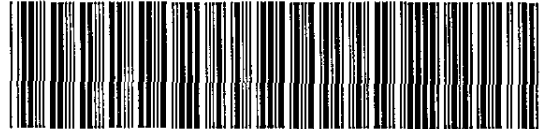
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 NOV -4 AM 11:10
STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 NOV -4 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

me 11/11

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MACHADO FENCE INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

MACHADO FENCE INC.
3525 N. W 98 Street
Miami, Florida 33147

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

3525 N W 98 Street,
Miami, Florida. 33147

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES (500)

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:


LAZARO R. MACHADO
3525 N W 98 Street
Miami, Florida 33147

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

P/V/S/T LAZARO R. MACHADO 3525 N.W 98 Street, Miami, Fla. 33147

The undersigned incorporator has executed these Articles of Incorporation this 29 day of October 2003


Signature
Lazaro R. Machado

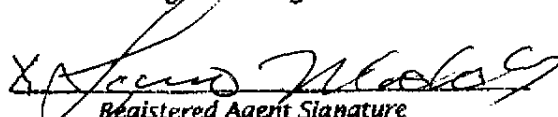
ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

P/V/S/T LAZARO R. MACHADO 3525 NW 98 Street, Miami, Fla. 33147

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

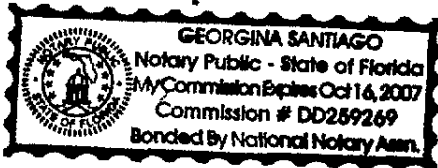

Registered Agent Signature
LAZARO R. MACHADO

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
31 day of October, 2003, by RAZARO R. MACHADO.
who is personally known to me or who has produced ID# 14-230-536-36-45
as Identification and who did (did not) take an oath.



Georgina Santiago
Notary Public
Georgina Santiago
Typed or Printed Name of Notary
My commission expires on:

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
_____ day of _____, 19____ by _____
who is personally known to me or who has produced _____
as Identification and who did (did not) take an oath.

Notary Public

Typed or Printed Name of Notary.

My commission expires on:
