

P03000/34447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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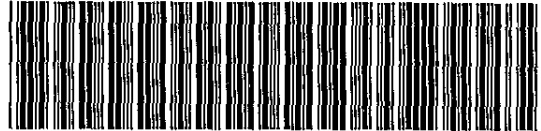
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: FEIVAN ENTERPRISES CORP
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ARIEL PUELLO
Name (Printed or typed)

16820 N.W. 52 AVE
Address

MIAMI, FL 33055
City, State & Zip

(305) 401-9305
Daytime Telephone number

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

ARTICLES OF INCORPORATION

Article 1: Name of Corporation: FEIVAN ENTERPRISES CORP

Address of Corporation: 16820 N.W. 52 AVE
MIAMI, FL 33055

Article 2: CAPITAL STOCK: The number of shares which the corporation has Authorized to be outstanding at any one time is 1000, with A par value of \$1.00. (Par value is not required.)

Article 3: REGISTERED AGENT: ARIEL PUELLO

And
REGISTERED OFFICE: 16820 N.W. 52 AVE
MIAMI, FL 33055

I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.


Signature of Registered Agent

NOV. 6 2,003
Date

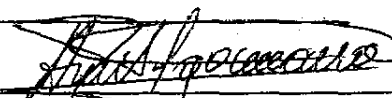
Article 4: BOARD of DIRECTORS are (Board of Directors is Not Required)
First listed is President. Second is Vice-President. Then Sec/Treasurer.

1.	<u>ARIEL PUELLO</u>	<u>PRESIDENT</u>
2.	<u>FRANCIA CANTILLO</u>	<u>VICE-PRESIDENT</u>
3.	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>

Article 5: The Name and Address of the INCORPORATOR is:

ARIEL PUELLO
16820 N.W. 52 AVE
MIAMI, FL 33055

In witness whereof, I have subscribed my name .


Signature of Incorporator

NOV. 6 2,003
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA