

P04 000080462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

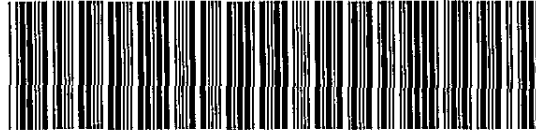
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900036453499

05/19/04 - 01030 - 007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 9:23
04 MAY 19 PM 4:30
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. IGNIFUGA SUPPLY, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 9:23

Examiner's Initials

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:

IGNIFUGA SUPPLY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5670 NW 113 PLACE, DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRADE IN GENERAL

ARTICLE IV SHARES

The number of shares of stock is:

100/\$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

HAROLD C. ALVAREZ	PRESIDENT	AVE NUEVA ESPARTA, EDIF, BAHIA ESMERALDA, APT. B-71, BARCELONA, VENEZUELA.
ANTONIO RODRIGUEZ	VICE-PRESIDENT	AVE JOSE A. ANZOATEGUI C/CALLE BOLIVAR QTA. VILLA PARAISO, PTO PIRITU, VENEZUELA
TIRONE N. ALVAREZ	TREASURER	AVE NUEVA ESPARTA, EDIF. BAHIA ESMERALDA APT. B-71, BARCELONA, VENEZUELA

ARTICLE VI REGISTERED AGENT

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

HAROLD C. ALVAREZ 5670 NW 113 PLACE, DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HAROLD C. ALVAREZ 5670 NW 113 PLACE, DORAL, FL 33178

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 9:23

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

05-17-2004

Date



Signature/Incorporator

05-17-2004

Date