

P04000137313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

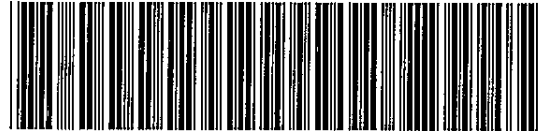
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/04--01005--022 **78.75

FILED

04 OCT -4 PM 1:49

DEPT. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT -4 PM 12:11

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-04-04
D

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. CMPV Designs, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☒ Pick up time

☒ 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

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME:

The name of the Corporation shall be:

CMPV DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

269 GIRALDA AVE. SUITE 101A

CORAL GABLES, FL. 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

300 SHARES

ARTICLE V INICIAL OFFICERS/DIRECTORS

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

NORMA F VALLEJO...269 GIRALDA AVE. SUITE 101A. CORAL GABLES, FL. 33134.....PRESIDENT

SALVADOR MITRANI...269 GIRALDA AVE. SUITE 101A. CORAL GABLES, FL. 33134.....VICE-PRESIDENT

JULIO PULIDO.....269 GIRALDA AVE. SUITE 101A. CORAL GABLES, FL. 33134.....VICE-PRESIDENT

RAMON COLLADO.....269 GIRALDA AVE. SUITE 101A. CORAL GABLES FL. 33134.....VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

PRIMO VALLEJO

3988 SW 133 CT.

MIAMI, FL. 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PRIMO VALLEJO

3988 SW 133 CT.

MIAMI, FL. 33175

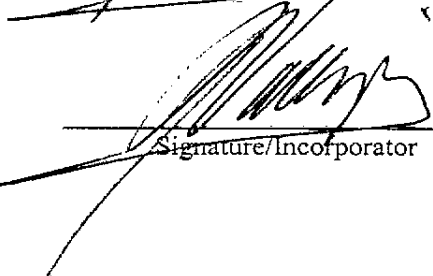
FILED
04 OCT -4 PM 1:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

9/22/04
Date



Signature/Incorporator

9/22/04
Date