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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| • |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF, FI GAIDA

W-34583

mc 10/18

TRANSMITTAL LETTER

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

SUBJECT: 647 INTERNATIONAL CORPORATION

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

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Iton Filsaime
Name (Printed or typed)

1221 N.W 345FROET

MIAMI FLORIDA 33142

(305) 633-7874 Coll f86) 251-3014

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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

04 OCT 18 PH 3: 45

ARTICLE I NAME

The name of the corporation shall be: 647 INTERNATIONAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/maning was 647 NoW 29th Street Miam, Flori Sta 33127 The principal place of business/mailing address is:

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: ANY LAW FUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ItON FILSAIME PRESIDENT N.W 34 Th STREET FLORIDA

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

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 fayilligy with and accept the appointment as registered agent and agree to act in this capacity

9-12-04