

PO4000146766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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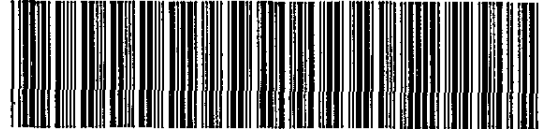
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/04

TRANSMITTAL LETTER

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

SUBJECT: CEUIMORE IMPORT EXPORT INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LILIA M. MORENO
Name (Printed or typed)

12424 NW 11 LANE
Address

MIAMI, FLORIDA, 33182
City, State & Zip

(786) 488 7311
Daytime Telephone number

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

CEVIMORE IMPORT EXPORT INC.

04 OCT 25 AM 9:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12424 NW 11 LANE MIAMI, FLORIDA 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT LILIA M. MORENO
VICE - PRESIDENT LILIA M. MORENO
SECRETARY LILIA M. MORENO

ARTICLE VI REGISTERED AGENT

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

LILIA M. MORENO
12424 NW 11 LANE MIAMI FL. 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LILIA M. MORENO
12424 NW 11 LANE MIAMI FL. 33182

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

Date

Signature/Incorporator

Date