

POS000019949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

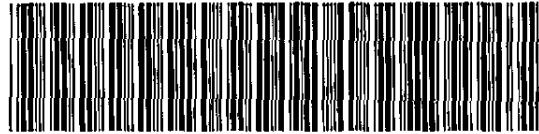
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700045709367

02/07/05--01068 020 **78.75

RECEIVED
05 FEB -7 PM 12:02
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB -7 PM 3:07

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. CRESPO GLOVES, 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

Examiner's Initials

**ARTICLES OF INCORPORATION
OF**

CRESPO GLOVES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -7 PM 3:07

I, the undersigned subscriber of these Articles of Incorporation, a natural person competent to contract, hereby present these Articles for the formation of a corporation under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of the corporation is ***CRESPO GLOVES, INC.***
The principle office address is *5055 NW 7th Street, #810, Miami, FL 33126*

**ARTICLE II
DURATION**

The corporation shall have a perpetual existence.

**ARTICLE III
NATURE OF BUSINESS**

The general nature of the business of this corporation is to transact or engage in any and all lawful business permitted under the laws of the State of Florida or the United States of America.

**ARTICLE IV
CAPITAL STOCK**

The maximum number of shares that this Corporation is authorized to have outstanding at any time is **ONE HUNDRED** (100) shares of common stock having a par value of **ONE DOLLAR** (\$1.00) per share.

**ARTICLE V
REGISTERED OFFICE AND AGENT**

The initial registered agent and office of this Corporation at such office shall be: *Angie Angelis, P.A. 6401 SW 87th Avenue, Suite 114, Miami, FL 33173*

ARTICLE VI
BOARD OF DIRECTORS

The initial Board of Directors shall consist of one member. The number of directors may be increased or decreased from time to time by vote of the shareholders, but in no case shall the number of directors be less than one nor more than two. The name and address of the directors constituting the initial Board of Directors is: **ROSA L. CRESPO, 5055 NW 7th Street, #810, Miami, FL 33126**

ARTICLE VII
SUBSCRIBERS

The name and address of the person signing these Articles of Incorporation is:

ROSA L. CRESPO
5055 NW 7th Street, #810, Miami, FL 33126

IN WITNESS WHEREOF, the undersign has made and subscribed to these Articles of Incorporation at Dade County, State of Florida, this 4th day of February 2005.

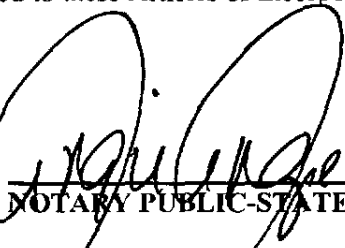


ROSA L. CRESPO, Subscriber

STATE OF FLORIDA}
COUNTY OF MIAMI-DADE}

BEFORE ME, the undersigned authority, personally appeared **ROSA L. CRESPO**, who produced a Driver's License as identification, described as subscriber in and who executed the foregoing and she acknowledged before me that she executed and subscribed to these Articles of Incorporation this 4th day of February 2005.

My Commission expires:



NOTARY PUBLIC-STATE OF FLORIDA

PREPARED BY:
ANGIE ANGELIS, P.A.
Attorney At Law
6401 SW 87th Avenue, Suite 114
Miami, Florida 33173
FBN: 812927
305/598-2540



Angie Angelis
My Commission DD220007
Expires July 20, 2007

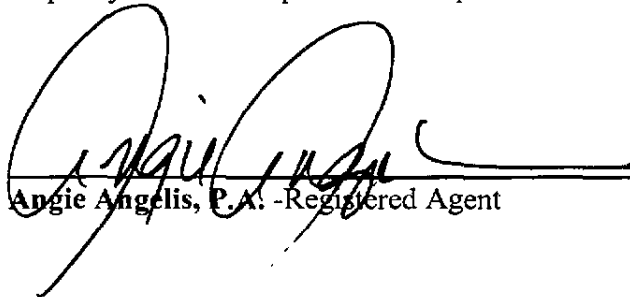
**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT
WITHIN THIS STATE UPON WHOM PROCESS MAY BE SERVED**

CRESPO GLOVES, INC.

a Corporation organized under the laws of the State of Florida, hereby designates the following as its Registered Office in the State of Florida: **6401 SW 87th Avenue, Miami, FL 33173** and further designates: **Angie Angelis, P.A.** as its Registered Agent at such address.

ACCEPTANCE OF REGISTERED AGENT

Angie Angelis, P.A. having been designated Registered Agent of the above named Corporation, hereby agrees to serve in such capacity and to accept service of process for such Corporation.



Angie Angelis, P.A. -Registered Agent

PREPARED BY:
ANGIE ANGELIS, P.A
Attorney At Law
6401 SW 87th Avenue, Suite 114
Miami, Florida 33173
FBN: 812927
305-598-2540

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 FEB -7 PM 3:07