

PO5000031228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL 32304

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TALLAHASSEE, FL 32304

32205

## TRANSMITTAL LETTER

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

SUBJECT: LA MULATA PRODUCTOS NATURALES 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: ALFONSO ARANZO  
Name (Printed or typed)

1715 NW 79 AVE  
Address

DORAL FLORIDA 33126  
City, State & Zip

(305) 510 4901  
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)

## ARTICLE I NAME

The name of the corporation shall be:

LA MULATA PRODUCTOS NATURALES INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1715 NW. 79 AVE  
DORAL FLORIDA 33126

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL FREIGHT CONSOLIDATION AND DISTRIBUTION

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALFONSO ARANEO  
1933 SW 67 AVE  
POMPANO BEACH FL 33068

## ARTICLE VI REGISTERED AGENT

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

ALFONSO ARANEO  
1933 SW 67 AVE  
POMPANO BEACH FL 33068

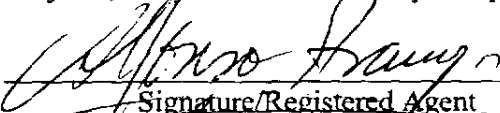
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALFONSO ARANEO  
1933 SW 67 AVE  
POMPANO BEACH FL 33068

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

3/2/05  
\_\_\_\_\_  
Date

3/2/05  
\_\_\_\_\_  
Date

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05 MAR -2 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA