

P05000137782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECURITY & STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: HOSCANNA TRADE CORP  
(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: OSCAR M PINZON  
Name (Printed or typed)

4366 PINE RIDGE COURT  
Address

WESTON, FLORIDA 33331  
City, State & Zip

(954)659-0596  
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:

HOSCANNA TRADE CORP

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4366 PINE RIDGE COURT  
WESTON, FLORIDA 33331

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### 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):

OSCAR M PINZON (DIRECTOR)  
4366 PINE RIDGE COURT  
WESTON, FLORIDA 33331

### ARTICLE VI REGISTERED AGENT

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

OSCAR M PINZON  
4366 PINE RIDGE COURT  
WESTON, FLORIDA 33331

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

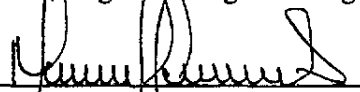
OSCAR M PINZON  
4366 PINE RIDGE COURT  
WESTON, FLORIDA 33331

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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

X   
\_\_\_\_\_  
Signature/Registered Agent

10/03/05  
\_\_\_\_\_  
Date

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

10/03/05  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA