

PO6000032972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Pipons Wood Solutions, Corp.  
(Proposed corporate name - must include suffix)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Ramon Reyes  
Name (Printed or typed)

5035 Palm Ave  
Address

Hialeah FL 33012  
City, State & Zip

(305) 822-0669  
Daytime Telephone number

061118-6 F112:28  
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I: NAME

The name of the corporation shall be:

**PIPONS WOOD SOLUTIONS, CORP.**

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8323 LAKE DR M-504  
DORAL, FL 33166

### ARTICLE III: PURPOSE

The purpose for which the corporation is organized is:

WOOD SOLUTIONS.

### ARTICLE IV: SHARES

The number of shares of stock is:

10 000 Common Shares.

### ARTICLE V: INITIAL OFFICERS AND/ OR DIRECTORS

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

PRESIDENT:	SILVIO BRINING	8323 LAKE DR M-504 DORAL, FL 33166
VICEPRESIDENT:	GONZALO LLOMPART	2758 WEST 60 <sup>th</sup> ST HIALEAH, FL 33016
TREASURER:	GASTON BRINING	2330 NW 11 ST UNIT 9 MIAMI, FL 33125

### ARTICLE VI: REGISTERED AGENT

The name and Florida Street address (P o Box NOT acceptable) of the registered agent is:

SILVIO BRINING	8323 LAKE DR M-504 DORAL, FL 33166
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### ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

SILVIO BRINING	8323 LAKE DR M-504 DORAL, FL 33166
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\_\_\_\_\_  
Signature/Incorporator

03/03/2006

\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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

03/03/2006

\_\_\_\_\_  
Date

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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