

PD600010376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

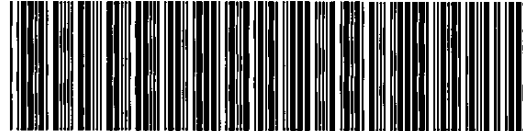
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/07/06--01012--020 \*\*551.25

RECEIVED  
06 AUG - 7 AM 10:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
06 AUG - 7 PM 2:17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

114

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Don Remedios, Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

DON REMEDIOS, CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG -7 PM 2:18

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

820 SW 31 AVE - MIAMI, FL 33135

### **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 SHARES

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

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

NELSON REMEDIOS (PD) 820 SW 31 AVE - MIAMI, FL 33135  
SONIA REMEDIOS (V) 820 SW 31 AVE - MIAMI, FL 33135  
EDDY REMEDIOS (S) 820 SW 31 AVE - MIAMI, FL 33135  
DAMIAN REMEDIOS (T) 820 SW 31 AVE - MIAMI, FL 33135  
ROGER REMEDIOS (D) 820 SW 31 AVE - MIAMI, FL 33135

### **ARTICLE VI REGISTERED AGENT**

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

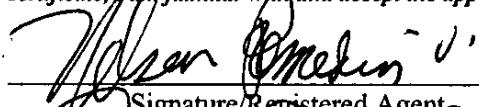
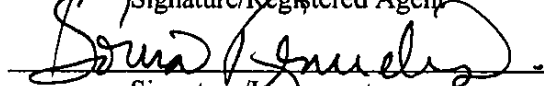
NELSON REMEDIOS  
820 SW 31 AVE - MIAMI, FL 33135

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SONIA REMEDIOS & NELSON REMEDIOS  
820 SW 31 AVE - MIAMI, FL 33135

\*\*\*\*\*  
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

AUGUST 04, 2006

Date

AUGUST 04, 2006

Date