

P070000027471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

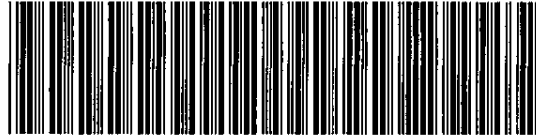
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAR -1 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: FRATTINI & RESTREPO, INC.
(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
& Certified of
Status

ADDITIONAL COPY REQUIRED

FROM: Fausto E. Quiroz
Name (Printed or typed)

1951 NW 100th Avenue
Address

Pembroke Pines, FL 33024
City, State & Zip

(954) 441-4178
Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I NAME

FRATTINI & RESTREPO, INC.

ARTICLE II PRINCIPAL OFFICE

1459 SW 119 Avenue
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

Consulting & Marketing Services

ARTICLE IV SHARES

100 shares US\$100.00 each

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

Augusto Frattini - President
Gloria Restrepo - Vice-President
Mauricio Frattini - Secretary

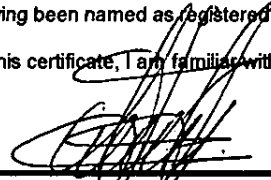
ARTICLE VI REGISTERED AGENT

Augusto Frattini S.S.#768-03-6723
1459 SW 119 Avenue
Pembroke Pines, FL 33025

ARTICLE VII INCORPORATOR

Fausto Quiroz S.S.#107-48-3134
1951 NW 100th Ave., Pembroke Pines, FL 33024

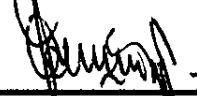
Having been named as registered agent to accept service y process for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

2/26/2007

Date



Signature/Incorporator

2/26/2007

Date

FILED
07 MAR -1 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA