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07 APR 23 PM 3:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: ASEMAIND, 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: MARGELYS PUERTO ROQUE

Name (Printed or typed)

10016 SW 144TH PLACE

Address

MIAMI, FLORIDA 33186

City, State & Zip

305-525-8395

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:

ASEMAIND, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

10016 SW 144TH PLACE, MIAMI, FL 33186

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALE, SUPPLY, SERVICE AND EXPORT OF INDUSTRIAL EQUIPMENT

## **ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

CARLOS J. PUERTO - 10016 SW 144TH PLACE, MIAMI, FL 33186 - PRESIDENT

MARIA E. SHAW - 10016 SW 144TH PLACE, MIAMI, FL 33186 - VICE PRESIDENT

MARGELYS PUERTO ROQUE - 10016 SW 144TH PLACE, MIAMI, FL 33186 - SECRETARY

## **ARTICLE VI REGISTERED AGENT**

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

MARIA E. SHAW  
10016 SW 144TH PLACE  
MIAMI, FL 33186

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

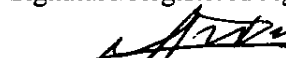
MARGELYS PUERTO ROQUE  
10016 SW 144TH PLACE, MIAMI, FL 33186

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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*

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

4/18/07  
\_\_\_\_\_  
Date

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

4/18/07  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA