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SECRETARY OF STATE
ALL AHASSEF FLODINA

COVER LETTER

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

SUBJECT: Almandoz II	nc.			
SUBJECT: AMANGOZ TOC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:		
		_		
☐ \$70.00 ※ \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee	Filing Fee	Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		Status		
	ADDITIONAL CO			
		TTTEQUITED		
FROM: Almandoz Inc.				
Name (Printed or typed)				
<u>14537 SW</u>	12) Court	•		
A	ddress			
	-5101			
Moni F	Z 33/86 State & Zip			
City, y	State & Zip			
305 - 378 - 2584°				
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:	
Almandoz, Inc	2007 SEI TALI
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 14537 SW 127 Court Miami FL 33186	FILED 2007 JUL 16 FH 3 SECRETARY OF ST ALLAHASSEE, FLO
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	3: 04 STATE LORIDA
Any and All lawful business.	
ARTICLE IV SHARES The number of shares of stock is: /OO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): [JUSTAVO Almandoz - President.	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered a Gustavo Almandoz 14737 SW 127 Court Miami FL 33186 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Gustavo Almando 14537 SW 127 Court Miami FL 33186	
**************************************	n at the place designated in this
Signature/Registered Agent	7 - 13 - 07 Date

Signature/Incorporator

07 - 13 -0) Date