P07000112004

	(Requestor's Name)	 "
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	****
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	

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07 OCT 11 AM 8: 48

or 10/12/07

COVER LETTER

SECRETARY OF STATE
DUSSION OF CORPORATIONS

07 OCT || AM 8:48

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

P. O. Box 6327 Tallahassee, FL 323	314		
SUBJECT:	ERIMAX S.A. (PROPOSED CORPORA)	INC, TENAME-MUSTINGL	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	ALFRED J Name of		
-	BOCA RATON	FL 33433	

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

Daytime Telephone number

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:

ERIMAX S.A. INC.

. ILLU SECRETARY OF STATE JIVHSION OF CORPORATIONS

07 OCT 11 AH 8:48

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

21198 ESCONDIDO WAY, BOCA PRATON FL, 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUYING + SELLING BULK OIL AND OIL BY PRUDUCTS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALIFRED J. MONTE PRESIDENT + CEO

JEANNE H. MONTE SECETARY TREASURER

The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
ALFRED J MONTE	
21198 ESCINDIDOWAY, BOCA PS	70N, FZ 33433
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
ALFRED J. MONTE	
21198 ESCUNDIDO WAY, BOCA RATA	NF4.33433
**************************************	*********
Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agree to accept the appointment agree to accept the agent agen	
ache mot	10/6/07
Signature/Registered/Agent	Date
Certical & Mark	10/6/12
Signature/Incorporator	Date

SECRETARE OF STATE STATE