

PO8000048755

(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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05/14/08--01037--015 \*\*78.75

RECEIVED  
08 MAY 14 AM 11:56  
DEPARTMENT OF CORPORATIONS  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 14 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**



Office Use Only

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

- 1. CUBA - USA DISTRIBUTORS INC  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time 2:00
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

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

**FILED**

08 MAY 14 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

CUBA - USA DISTRIBUTORS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

585 EAST 49TH STREET  
HIALEAH FL 33013

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALE OF MERCHANDISE AND DISTRIBUTION

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES @ 1.00 PER VALUE

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

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

PRESIDENT JUDITH DIAZ 8854 NW 174TH TERR MIAMI FL 33018

**ARTICLE VI REGISTERED AGENT**

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

JUDITH DIAZ  
585 EAST 49 STREET  
HIALEAH FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JUDITH DIAZ  
585 EAST 49 STREET  
HIALEAH FL 33013

\*\*\*\*\*

*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*

X J Diaz  
Signature/Registered Agent

MAY 13, 2008  
Date

X J Diaz  
Signature/Incorporator

MAY 13, 2008  
Date