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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-16-09
WEC

TRANSMITTAL LETTER

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

SUBJECT: EICOMPC CORPORATION
(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 | ☒ \$78.75 | ☐ \$122.20 | ☐ \$131.25 |
| Filing Fee | Filing Fee
& Certificate | Filing Fee
& Certified Copy | Filing Fee,
Certified Copy
& Certificate |

FROM: MANUEL PICO
Name (Printed or typed)

11514 NW 71 STREET
Address

DORAL, FLORIDA 33178
City, State & Zip

(305) 300-5118
Daytime Telephone Number

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

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be:

EICOMPC CORPORATION

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

11514 NW 71 STREET

DORAL, FLORIDA 33178

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES AND THE STATE OF FLORIDA

ARTICLE IV

The officers of the corporation shall be:

President:	<u>MANUEL PICO</u>
Secretary	<u>JESUS ANDRES ORTEGA</u>
Treasurer:	<u>SUSANA ORAMAS</u>

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Filing Fee &
CERTIFICATE: \$78.75

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: EICOMPC CORPORATION
(must include suffix)

2. The name and address of the registered agent and office is:

MANUEL PICO

(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

11514 NW 71 St Doral, FL 33178

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.*


(Signature)

Sept. 14, 2009

(Date)