

PO9000078742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

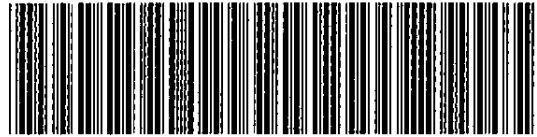
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2009-09-22

COVER LETTER

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

SUBJECT: SPECIALTIES IMPORTERS, CORP.
(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: HUMBERTO RESTREPO
Name (Printed or typed)
5701 COLLINS AVE, APT # 307
Address
MIAMI BEACH, FL 33140
City, State & Zip
305-775-0954
Daytime Telephone number
PILAROR@YAHOO.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

SPECIALTIES IMPORTERS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

Not different 5701 Collins Ave Apt 307
Miami Beach FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT AND EXPORT DENTAL GOODS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NONE

ARTICLE VI REGISTERED AGENT

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

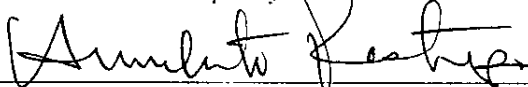
Humberto Restrepo
5701 Collins Ave Suite 307
Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

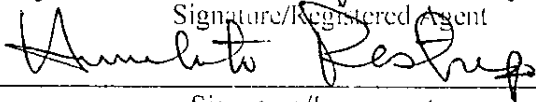
The name and address of the Incorporator is:

Humberto Restrepo
5701 Collins Ave Apt 307
Miami Beach, FL 33140

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



Signature/Incorporator

8-4-09

Date

8-4-09

Date

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TALLAHASSEE, FLORIDA

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