

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INDEPENDENT TAX SERVICE

Account Number : T20020000072

Phone : (305)887-0001 Fax Number : (305)884-6444

FLORIDA PROFIT/NON PROFIT CORPORAT

IMPORT CROQUETTE CORP.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$78.75 |

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SEP 22 2009 Help D. A. WHITE

COVER LETTER

FILED

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

2009 SEP 21 P 1: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| SUBJECT: | IMPORT CROQUETTE CORP. | | |
|-------------------------|--|--|--|
| | (PROPOSED CORPOR. | ATE NAME – <u>MUST INCI</u> | .UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| ☐ \$70.00 Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Cop & Certificate Status OPY REQUIRED |
| FROM: | MARIA D FERNANDEZ Name (Printed or typed) | | |
| | 545 | SW 8 AVE Address | |
| | | CITY, FL. 33034 , State & Zip | |
| | 786-715-8001 Daytime Telephone number | | |
| | indepedent E-mail address: (to be use | tax@hotmall.com | notification) |

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

2009 SEP 21 P 1: 45

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 545 SW 8 AVE.

FLORIDA CITY, FL. 33034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS INCORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITED UNDER THE LAWS OF UNITED STATES OF AMERICA AND THE LAWS OF THE STATE OF FLORIDA.

IMPORT CROQUETTE CORP.

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares common stock \$ 1.00 per Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA D FERNANDEZ

545 SW 8 AVE.

FLORIDA CITY, FL. 33034

ARTICLE VI REGISTERED AGENT

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

MARIA D FERNANDEZ

545 SW 8 AVE.

FLORIDA CITY, FL. 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P - FERNANDEZ, MARIA D.

545 SW 8 AVE. FLORIDA CITY, FL. 33034 V/P - LUQUE, REINALDO DE LA C.

545 SW 8 AVE.

FLORIDA CITY, FL. 33034

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 Date

O9/21/2009

O9/21/2009

Signature/Incorporator Date