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PAGE 01/02

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
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10 AUG 18 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI ALL TRADING GROUP, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

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

10 AUG 18 PM 12:35

ARTICLE I NAME

The name of the corporation shall be:

MIAMI ALL TRADING GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

195 LAKEVIEW DR STE 103-20
WESTON, FL. 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

MAURICIO SALAZAR-P
195 LAKEVIEW DR STE 103-20
WESTON, FL. 33326

ARTICLE VI REGISTERED AGENT

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

MAURICIO SALAZAR
195 LAKEVIEW DR STE 103-20
WESTON, FL. 33326

ARTICLE VII INCORPORATOR

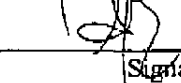
The name and address of the Incorporator is:

MAURICIO SALAZAR
195 LAKEVIEW DR STE 103-20
WESTON, FL. 33326

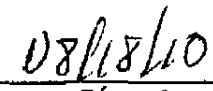
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

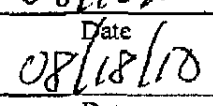
X 

Signature/Registered Agent

X 

Signature/Incorporator



Date


Date

H10000185922