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| (Re | equestor's Name) | |
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| (Ad | Idress) | |
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| | ldress) | |
| (Au | iuress) | |
| | | |
| (Cil | ty/State/Zip/Phon | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| /Bu | siness Entity Nar | ma) |
| (50 | isiness Littly Nai | ne, |
| | | |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE

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COVER LETTER

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

SUBJECT: INVERSIONES PINAR Y FUENTES 2050 C.A 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 & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | |
|--|---|---|------------|---|
| FROM: GUILLERMO ANTONIO F | ROMERO SANTA | AELLA | | |
| 3900 NW 79 AV SUITE 6 | • • • | SECKETAHA | 2010 OCT - | Π |
| MIAMI FL 33166 | State & Zip | SSEE, FLO | -5 PM | |
| · | elephone number | ORIGINA ORIGINA | 1:44 | |
| E-mail address: (to be used | ·. | | 4. | |

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

| ARTICL | ES OI | INCOR | PORATION | J |
|--------|-------|-------|----------|---|

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

| RTICLE II | PRINCIPAL OFFICE | | 15 17 17 17 17 |
|---|--|---|---|
| 3: | Principal <u>street</u> address 900 NW 79 AV | _ | Idress, if different is: |
| S | JITE 640 | | |
| М | IAMLFL 33166 | | |
| RTICLE III 1 ne purpose for wh MPORT & EX | ich the corporation is organized is: | | |
| | | Jama and Title DDEC! | DENT |
| Address: | 3900 NW 79 AV SUITE 640 MIAMI FL 33166 | Address: | DENI |
| Name and Tit | le: | | |
| Address: | | Address: | |
| Name and Tit Address: | le: | Vame and Title: | 7) Z |
| | | | OCT -5 |
| | REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of the | registered opent is: | |
| Name: | GUILLERMO A ROMERO SANTAELLA | registered agent is. | SSE -5 |
| Address: | 3900 NW 79 AV SUITE 640 | | |
| | MIAMI FL 33166 | | |
| RTICLE VII | INCORPORATOR | | |
| | ress of the Incorporator is: | | |
| Name: Address: | GUILLERMO A ROMERO SANTAELLA 3900 NW 79 AV SUITE 640 | | |
| 11441000. | MIAMI FL 33166 | | |
| | l as registered agent to accept service of process fo familiar with and accept the appointment as registe | | |
| Gu | 11 Ermo A loneeo | | 01 10 2010 |
| | Required Signature/Registered Agent | | Date |
| submit this docur | nent and affirm that the facts stated herein are tro partment of State constitutes a third degree felony as | ie. I am aware that the j provided for in s.817.15 | false information submitted in 6 5, F.S. |
| | | | |
| | illee MO-A. ROMGRO | | 0102/01/16 |