

P11000017200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

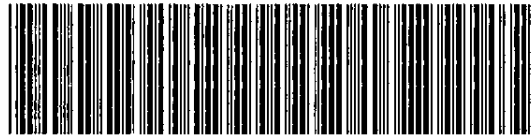
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600194182136

02/16/11--01018--003 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 16 PM 3:44

APPROVED  
AND  
FILED

VB

## COVER LETTER

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

SUBJECT: ODONTO-MARKET 24, 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: ROBERTH GREGORY

Name (Printed or typed)

18890 NW 57TH AVE, SUITE 101

Address

MIAMI, FL 33015

City, State & Zip

786-515-5086

Daytime Telephone number

ROBERTH\_RIVERA@HOTMAIL.COM

E-mail address: (to be used for future annual report 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)

APPROVED  
AND  
FILED

11 FEB 16 PM 3:44

**ARTICLE I NAME** ODONTO-MARKET 24, CORP.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
18890 NW 57TH AVE  
SUITE 101  
MIAMI, FL 33015

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

EXPORTATION TO VENEZUELA OF GENERAL HOUSEHOLD MERCHANDISE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERTH GREGORY, PRESIDENT  
Address: 18890 NW 57 AVE  
SUITE 101  
MIAMI, FL 33015

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ROBERTH GREGORY  
Address: 18890 NW 57TH AVE, #101  
MIAMI, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERTH GREGORY  
Address: 18890 NW 57TH AVE, #101  
MIAMI, FL 33015

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

2/11/11  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

2/11/11  
\_\_\_\_\_  
Date