## P11000081834

(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



300195774743

02/24/11--01010--002 \*\*78.75

FILED

11 FEB 24 AM 9: 02

SECRETARY OF STATE

MD 3/4

## **COVER LETTER**

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

SUBJECT: ENTROPY PARTNER	SINC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Joseph Amaya	(Printed or typed)
2124 SW 93 CT	
<u> </u>	Address
MIAMI, FLORIDA 33165	5
City,	State & Zip
305-322-7844	
Daytime To	elephone number
JOSEPHAMAYA@BELL E-mail address: (to be used	SOUTH.NET I 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)

ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	4621 SW 99 CT	
	MIAMI, FL 33165	
		As:
ARTICLE III	<del></del>	
	which the corporation is organized is: ATE INVESTMENTS	FEB 24 AM CRETARY OF LAHASSEE.
		FST FLC
ARTICLE IV		TATE ORIT
The number of sh	ares of stock is: 300	DE A
	INITIAL OFFICERS AND/OR DIREC	
Name and Address:	ACA SM OD CT	Name and Title: ALEXANDER MARICHAL - V
Address: 4621 SW 99 CT MIAMI, FL 33165	4621 SW 99 CT	
		MIAMI, FL 33165
	Title: MARGARITA LOPEZ - SECRET	ARY Name and Title:
Address:	4621 SW 99C+ MIAMI, FL 33/	Address:
Name and	Fitle:	Name and Title:
Address:		Address:
ADTICI E UI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptab	e) of the registered agent is:
Name:	LIVIA TARAJANO '	
Address: 4621_SW 99.CT	-	
	MIAMI, FL 33165	
	INCORPORATOR	
The <u>name and ac</u>	ldress of the Incorporator is:	
Name:	JOSEPH AMAYA	<del></del>
Address:	2124 SW 93 CT	<del></del>
	MIAMI, FL 33165	<del></del>
his certificate, I o	ım familiar with and accept the appointment a	ocess for the above stated corporation at the place designate registered agent and agree to act in this capacity
OZ.	Required Signature/Registered Agent	02/20/2011
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein	are true. I am aware that the false information submitted i
	Department of State constitutes a third degree for	elony as provided for in s.817.155, F.S.
	Department of State constitutes a third degree for	elony as provided for in s.817.155, F.S. 02/20/2011