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COVER LETTER

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

SUBJECT: **INVERSORA CONIVENCA, 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
☒ \$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: **GORRIN RAUL ANTONIO**
Name (Printed or typed)

11046 WEST FLAGLER ST
Address

MIAMI, FLORIDA 33174
City, State & Zip

305-2276137
Daytime Telephone number

INFO@MARTORELLOFFICE.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)

ARTICLE I NAME **INVERSORA CONIVENCA, C.A CORP**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11046 WEST FLAGLER ST
MIAMI, FLORIDA 33174

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity of business permitted under the laws of the United States of America and the laws of the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GORRIN RAUL ANTONIO (PRESIDENT)</u>	Name and Title:	_____
Address:	<u>11046 WEST FLAGLER ST</u>	Address:	_____
	<u>MIAMI FLORIDA 33174</u>		_____

Name and Title:	<u>CORDERO JUAN DOMINGO (VICE PRESIDENT)</u>	Name and Title:	_____
Address:	<u>11046 WEST FLAGLER ST</u>	Address:	_____
	<u>MIAMI FLORIDA 33174</u>		_____

Name and Title:	<u>PERDOMO GUSTAVO ADOLFO (MANAGER)</u>	Name and Title:	_____
Address:	<u>11046 WEST FLAGLER ST</u>	Address:	_____
	<u>MIAMI FLORIDA 33174</u>		_____

ARTICLE VI REGISTERED AGENT

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

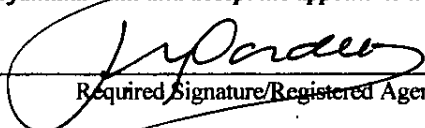
Name: GORRIN RAUL ANTONIO
Address: 11046 WEST FLAGLER ST
MIAMI FLORIDA 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GORRIN RAUL ANTONIO
Address: 11046 WEST FLAGLER ST
MIAMI FLORIDA 33174

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

02/07/2011

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

02/07/2011

Date