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(Business Entity Name)

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11 FEB 23 AM 11:25  
REGISTERED OFFICE  
STATE OF TEXAS  
DALLAS COUNTY CLERK'S OFFICE

PS 3/7/11

**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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

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:

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11046 WEST FLAGLER ST  
MIAMI, FLORIDA 33174

11 FEB 23 AM 11:25  
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: GORRIN RAUL ANTONIO (PRESIDENT) Name and Title: \_\_\_\_\_  
Address: 11046 WEST FLAGLER ST Address: \_\_\_\_\_  
MIAMI FLORIDA 33174 \_\_\_\_\_

Name and Title: CORDERO JUAN DOMINGO (VICE PRESIDENT) Name and Title: \_\_\_\_\_  
Address: 11046 WEST FLAGLER ST Address: \_\_\_\_\_  
MIAMI FLORIDA 33174 \_\_\_\_\_

Name and Title: PERDOMO GUSTAVO ADOLFO (MANAGER) Name and Title: \_\_\_\_\_  
Address: 11046 WEST FLAGLER ST Address: \_\_\_\_\_  
MIAMI FLORIDA 33174 \_\_\_\_\_

**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