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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| GAVE |
| AUTHORIZATION BY PHONE TO |
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| A.E. |
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Office Use Only



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03/10/11--01005--006 **78.75



J. SHIMORE MAR 1 4 2011

COVER LETTER

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

| SUBJECT: Fish Box Co. | | |
|--|--|--|
| (PROPOSED COR | RPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| Enclosed are an original and one (1) copy of t \$70.00 \$78.75 | the articles of incorporation and a check for: | |
| Filing Fee Filing Fee | Filing Fee Filing Fee, | |
| & Certificate of Status | & Certified Copy Certified Copy & Certificate of Status | |
| | ADDITIONAL COPY REQUIRED | |
| | | |
| | | |
| FROM: Andres Avello | Name (Printed or typed) | |
| | Name (Printed or typed) Address Name (Printed or typed) Address | ard her |
| 211 E Enid DR | Address | CERTAIN AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T |
| | | |
| Key Biscayne, FL 33149 | City, State & Zip | |
| | \$ 6 | |
| 3056089963 Days | time Telephone number | |
| | , | |
| fishboxco@gmail.com F-mail.address: (to.) | he 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)

| The name of the corporation shall be: Fish box social | corporation | | |
|--|---|--|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address 888 Biscayne BLVD #4503 | Mailing address, if different is: | | |
| Miami, FL 33132 ARTICLE III PURPOSE | | | |
| The purpose for which the corporation is organized is: | | | |
| to conduct any legitamite business. | | | |
| ARTICLE IV SHARES The number of shares of stock is: Ten Thousand (10,000) | | | |
| Name and Title: Andres Avello | RS Name and Title Christopher Villasante | | |
| Address: (Chairman and CEO) | Address: (VP & Chief Commercial Officer) | | |
| 211 E Enid Dr | 324 W San Marino Dr | | |
| Key Biscayne, FL 33149 | Miami Beach, FL 33139 | | |
| Name and Title: Llobal Alonso | Name and Title: Robert Rico | | |
| Address: (Chief Operations Officer) | Address: (Chief Technology Officer) | | |
| 244 Biscayne BLVD #2110 | 888 Biscayne BLVD #4503 | | |
| Miami, FL 33132 | Miami, FL 33132 | | |
| Name and Title: Felipe Jauregui | Name and Title: Khalil Khouri | | |
| Address: (Chief Financial Officer) | Address: (Chief Visionary Officer) | | |
| 411 W Matheson Dr | 470 Povl n | | |
| Key Biscayne, FL 33149 | | | |
| ARTICLE VI REGISTERED AGENT | of the registered agent is: | | |
| The name and Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | | |
| Name: Robert Rico | _ | | |
| Address: 888 Biscayne BLVD #4503 | — G2 — | | |
| Miami, FL 33132 | | | |
| ARTICLE VII INCORPORATOR | | | |
| The <u>name and address</u> of the Incorporator is: | - 48 C | | |
| Name: Andres Avello | _ | | |
| Address: 211 E Enid Dr | & | | |
| Key Biscayne, FL 33149 | ~ | | |
| Having been named as registered agent to accept service of proce this certificate(I am familiar with and accept the appointmentas re | ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity | | |
| | March 1, 2011 | | |
| Required Signature/Registered Agent | Date | | |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | |
| | March 1 2011 | | |
| Required Signature Incorporator | March 1, 2011 Date | | |
| | | | |