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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PAPER WORK DELIVERY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

W 06/10/11

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME PAPER WORK DELIVERY, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7211 WEST 24TH AVE APT 2209
HIALEAH FL 33016

Mailing address, if different is:
7211 WEST 24TH AVE APT 2209
HIALEAH FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JORGE FELIX GONZALEZ MILLAN</u>	Name and Title: _____
Address: <u>7211 WEST 24TH AVE APT 2209</u>	Address: _____
<u>HIALEAH FL 33016</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: JORGE FELIX GONZALEZ MILLAN
Address: 7211 WEST 24TH AVE APT 2209
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE FELIX GONZALEZ MILLAN
Address: 7211 WEST 24TH AVE APT 2209
HIALEAH FL 33016

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

[Signature]
Required Signature/Registered Agent

06/09/2011
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.

[Signature]
Required Signature/Incorporator

06/09/2011
Date

FILED
11 JUN -9 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA