

PI10000062282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

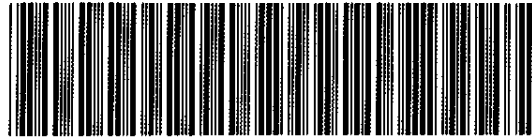
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600209671746

07/11/11--01001--010 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUL -8 PM 1:07
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

11 JUL -8 AM 7:30

7/11/11
80

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

11 JUL -8 AM 7:35

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DAPS Import Export INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

ARTICLE I NAME DAPS IMPORT EXPORT INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1540 TREVINO AVENUE
CORAL GABLES
FLORIDA 33134

Mailing address, if different is:
1540 TREVINO AVENUE
CORAL GABLES
FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
IMPORT AND EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT RAFAEL I LLANEZA
Address: 1540 TREVINO AVENUE
CORAL GABLES
FLORIDA 33134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

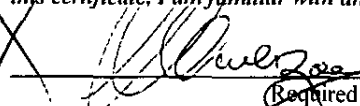
Name: RAFAEL I LLANEZA
Address: 1540 TREVINO AVENUE
CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL I LLANEZA
Address: 1540 TREVINO AVENUE
CORAL GABLES FL 33134

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


X 

(Required Signature/Registered Agent)

06/21/2011

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.

X 

Required Signature/Incorporator

06/21/2011

Date

11 JUL - 8 AM 7:31