

P11000075222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

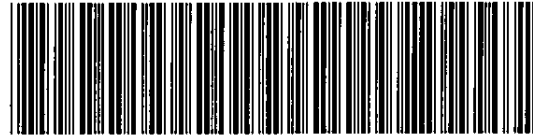
(Business Entity Name),

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800210911058

08/23/11--01010--008 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 AUG 23 AM 9:58
NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 7:44

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

11 AUG 23 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. AGAROCH CORPORATION
(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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

Examiner's Initials

ARTICLES OF INCORPORATION
OF
AGAROCH CORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be :
AGAROCH CORPORATION.

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

*841 SE 1st Street
Hialeah, Florida 33010*

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at nay one time is: One Hundred (100) of One Dollar(s) (1.00)

ARTICLE IV

The name and address of the initial agent is:

*Jorge F. Salas
841 SE 1st ST
Hialeah, FL 33010*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 7:46

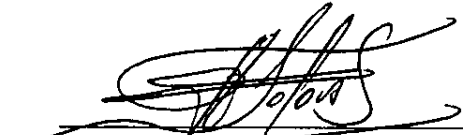
1200

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

<i>Incorporator Name</i>	<i>Incorporator Address</i>
JORGE F.SALAS	841 SE 1 st ST, Hialeah, FL 33010
AGATA A. MACRI	841 SE 1 st ST, Hialeah, FL 33010
CHARLES F.SALAS	841 SE 1 st ST, Hialeah, FL 33010
ROSALIA PASCUALE	841 SE 1 st ST, Hialeah, FL 33010

The undersigned incorporator has executed these Articles of Incorporation this 20 day of August 2011


Signature


Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JORGE F. SALAS - PRESIDENT
841 SE 1st ST
HIALEAH, FLORIDA 33010

AGATA A. MACRI- VICE PRESIDENT
841 SE 1st ST
HIALEAH, FLORIDA 33010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 7:44

11 AUG 23 AM 7:44

CHARLES F. SALAS - SECRETARY
841 SE 1st ST
HIALEAH, FL 33010

ROSALIA PASCUALE - SECRETARY
841 SE 1st ST
HIALEAH, FLORIDA 33010

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT / REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute,
the Undersigned Corporation, organized under the laws of the State of Florida,
submits the following statement in designating the registered agent, in the
State of Florida.*

1. The name of the corporation is: **AGAROCH CORPORATION**
2. The name and address of the registered agent and office is:

JORGE F. SALAS
841 SE 1st ST
HIALEAH, FLORIDA 33010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 7:44

*Having been named as Registered agent and to accept service of process for the
above stated corporation at placed designated in this certificate, I hereby accept
the appointment as Registered agent and agree to act in this capacity. I further
agree to comply with the provisions of all statutes related to the proper and
complete performance of my duties, and I am familiar with and accept the
obligations of my position as Registered Agent.*



Registered Agent Signature



Date