

P110000078925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

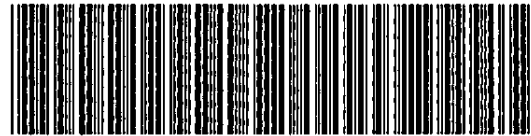
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/11--01023--005 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/7

COVER LETTER

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

SUBJECT: **COLOMBIA ENVIOS, INC**

(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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: **L & B PROFESSIONAL ASSOCIATES INC.**

Name (Printed or typed)

11865 SW 26 STREET SUITE G-7

Address

MIAMI, FL 33175

City, State & Zip

305-220-1804

Daytime Telephone number

LROJASOVIEDO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2011

L & B PROFESSIONAL ASSOCIATES INC.
11865 SW 26 STREET
SUITE G-7
MIAMI, FL 33175

SUBJECT: COLOMBIA ENVIOS, INC
Ref. Number: W11000041611

We have received your document for COLOMBIA ENVIOS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 411A00018706

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TO: FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

AT.: RUBY DUNLAP

11 SEP -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Margarita Quimbayo, President of COLOMBIA ENVIOS, Inc., Document Number P10000064562

I declare that the dissolution of the corporation COLOMBIA ENVIOS, Inc., is irrevocable and I
release the name that can be used by another company.

This letter is to confirm that my decision to dissolve the company is final.

Margarita Quimbayo
MARGARITA QUIMBAYO

Miami, September 02, 2011

SIGN AND SWORN before me
this 02 days of SEPTEMBER, 2011 by
MARGARITA QUIMBAYO *[Signature]*
FLL.



Lennardo R. Rojas
COMMISSION #DD757675
EXPIRES: FEB. 11, 2012
WWW.AARONNOTARY.com

ARTICLES OF INCORPORATION

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

ARTICLE I NAME COLOMBIA ENVIOS, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1221 SW 122 AVENUE APT. # 309
MIAMI, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSACT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARGARITA QUIMBAYO PRESIDENT
Address: 1221 SW 122 AVE APT. # 309
MIAMI, FL 33184

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: MARGARITA QUIMBAYO
Address: 1221 SW 122 AVE APT. # 309
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARGARITA QUIMBAYO
Address: 1221 SW 122 AVE APT. # 309
MIAMI, FL 33184

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

07/26/2011
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

07/26/2011
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA