

P/2000008233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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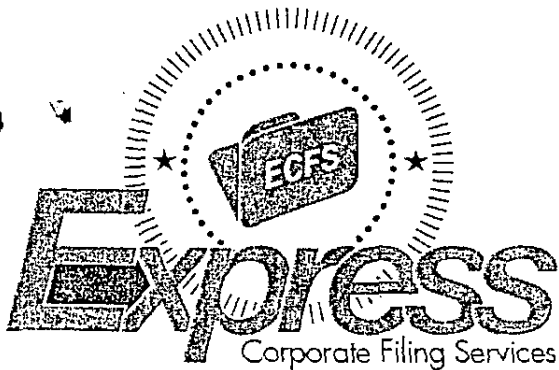
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 JAN 24 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/25/12



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

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

1. Collaborations, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

COLLABORATIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

14195 SW 87 STREET
SUITE B 311
MIAMI, FL 33183

Mailing address, if different is:

14195 SW 87 STREET
SUITE B 311
MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES PER VALUE OF \$ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULA NIEVES
Address: 14195 SW 87 STREET
SUITE B 311
MIAMI, FL 33183

Name and Title: PAULA NIEVES - PRESIDENT/ SECRETARY
Address: 14195 SW 87 STREET
SUITE B 311
MIAMI, FL 33183

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:

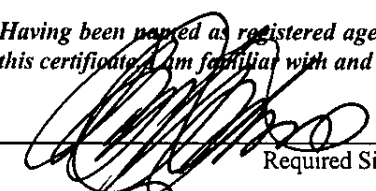
Name: PAULA NIEVES
Address: 14195 SW 87 STREET, SUITE B 311
MIAM, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

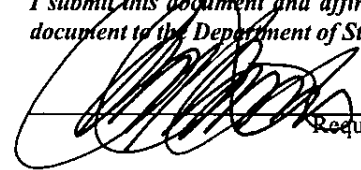
Name: PAULA NIEVES
Address: 14195 SW 87 STREET, SUITE B 311
MIAMI, FL 33183

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

1-12-2012
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

1-12-2012
Date

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TALLAHASSEE, FLORIDA