

P1200003/630

(Requestor's Name)

(Address)

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12 APR - 2 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MOPREX TRADING CORPORATION
(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: Leonardo Capra
Name (Printed or typed)

8544 NW 93rd Street
Address

Medley, FL 33166
City, State & Zip

(305) 805-1550
Daytime Telephone number

leonardocapra@dracofreight.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Moprex Trading Corporation
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE
Principal street address
8544 NW 93rd Street
Medley, FL 33166

Mailing address, if different is: STATE
TALLAHASSEE, FLORIDA

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Leonardo Capra - President</u>	Name and Title: _____
Address: <u>8544 NW 93rd Street</u>	Address: _____
<u>Medley, FL 33166</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: Leonardo Capra
Address: 8544 NW 93rd Street
Medley, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leonardo Capra
Address: 8544 NW 93rd Street
Medley, FL 33166

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

March 28, 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

March 28, 2012
Date