

P12000063422

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/19
[Signature]

COVER LETTER

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

SUBJECT: Dayron Casanas Distributors Corp

(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: Dayron Casanas

Name (Printed or typed)

5665 W 20th Ave Apt 312

Address

Hialeah, FL 33012

City, State & Zip

786-715-8517

Daytime Telephone number

susylopez@borgesdist.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

The name of the corporation shall be: Dayron Casanas Distributors Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5665 W 20 Ave Apt 312
Hialeah, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any Legal Profitable Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dayron C. Casanas</u>	Name and Title: _____
Address: <u>5665 W 20 Ave Apt 312</u>	Address: _____
<u>Hialeah, FL 33012</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:

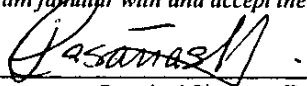
Name: Dayron C. Casanas
Address: 5665 W 20 Ave Apt 312
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dayron C. Casanas
Address: 5665 W 20 Ave Apt 312
Hialeah, FL 33012

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

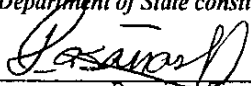


Required Signature/Registered Agent

07/17/2012

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

07/17/2012

Date

12 JUL 18 PM 4:09
DEPT. OF STATE
CORPORATION DIVISION