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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

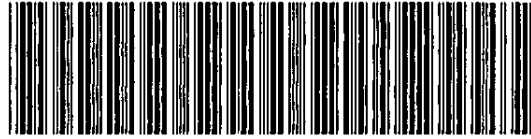
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Michael Caban GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT city (Hialeah)  
DATE 7/30/12  
DOC. EXAM VH

Office Use Only



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07/27/12--01027--013 \*\*78.75

FILED  
12 JUL 27 PM 1:08  
CLERK OF DISTRICT COURT  
HALLANDALE BEACH, FLORIDA

VH

## COVER LETTER

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

SUBJECT: X-Port Suppliers, 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: Michael Caban

Name (Printed or typed)

1950 W 4 Ave. Bay #4

Address

Hialeah, FL 33010

City, State & Zip

786-290-9209

Daytime Telephone number

mikeyxportsuppliers@gmail.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: **X-Port Suppliers, Inc.**

**FILED**

**12 JUL 27 PM 1:09**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1950 W 4 Ave. Bay #4  
Hialeah, FL 33010

Mailing address, if different is: STATE  
PO BOX 84130  
MIAMI, FL 33106

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Import and Export of appliances.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Michael Caban, President</u>	Name and Title: _____
Address: <u>1950 W 4 Ave. Bay #4</u>	Address: _____
<u>Hialeah, FL 33010</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: Michael Caban  
Address: 1950 W 4 Ave. Bay #4  
Hialeah, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Caban  
Address: 1950 W 4 Ave. Bay #4  
Hialeah, FL 33010

*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

7/9/2012  
\_\_\_\_\_  
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

7/9/2012  
\_\_\_\_\_  
Date