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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

saquel@padrocpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Managerial Business Corporation

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 11/15/12

H12 000 2709823

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Managemental Business Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
900 Biscayne Boulevard
Suite 6706
Miami, FL 33132

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawful business activities

ARTICLE IV SHARES

The number of shares of stock is: 6,500 shares @ \$ 1.00 dollar each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isabel Calama PSTO
Address: 900 Biscayne Boulevard
Suite 6706
Miami, FL 33172

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: Jose F. Padro
Address: 2520 NW 97 Ave, Suite 120
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose F. Padro
Address: 2520 NW 97 Ave, Suite 120
Miami, FL 33172

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

José F. Padro

Required Signature/Registered Agent

11/13/12
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 § 817.133, F.S.

José F. Padro

Required Signature/Incorporator

11/13/12
Date