

P12000099991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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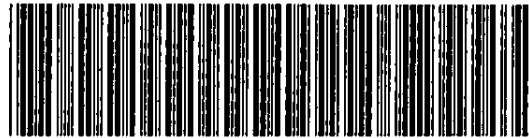
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/12--01017--002 **70.00

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12 DEC -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
12/7/12

COVER LETTER

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

SUBJECT: **FLY BOX 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: **Ivelise Avila-Johnson**

Name (Printed or typed)

2239 NW 170 Avenue

Address

Pembroke Pines, FL 33028

City, State & Zip

(786) 973-5353

Daytime Telephone number

iveliseavilajohnson@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)

FILED

12 DEC -6 AM 10:39

ARTICLE I NAME

The name of the corporation shall be: **Fly Box Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

7323 NW 44 Street

Miami, FL 33186

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Fast Food Establishment**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Matias A. Ray, President**

Address: **7323 NW 44 Street**

Miami, FL 33166

Name and Title: _____

Address: _____

Name and Title: **Kenny Herrera, VP**

Address: **7323 NW 44 Street**

Miami, FL 33166

Name and Title: _____

Address: _____

Name and Title: **Nesdor Zavarce, SEC.**

Address: **7323 NW 44 St.**

Miami, FL 33166

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: **Ivelise Avila-Johnson**

Address: **2239 NW 170 Avenue**

Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Ivelise Avila-Johnson**

Address: **2239 NW 170 Avenue**

Pembroke Pines, FL 33028

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

11-19-12
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 s.817.155, F.S.

Required Signature/Incorporator

11-19-12
Date