Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H12000298221 3))) H120002982213ABC. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: : NELSON & ASSOCIATES, C.P.A., P.A. Account Name Account Number : 120120000083 2 Phone ; (305)593-0829 Fax Number : (305) 593-8744 DEC 20 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** m

Email Address: DLEVY@LEVY-GROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION DISTRIBUIDORA REVICLON 3000, INC.

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		OF INCORPORATION and/or Chapter 621, F.S. (F	FILED
ARTICLE I			12 DEC 20 AH II:
	corporation shall be:	A REVICLON 3000, INC.	SECRETARY OF STAT
ARTICLE II	PRINCIPAL OFFICE		TALLAHASSEE, FLOBIE g address, if different is:
÷	Principal <u>street</u> address 1723 NW 82 AVENUE	Mailin	g address, if different is:
	DORAL, EL 33126		
ARTICLET	` PIRPOSE	— · · · · · · · · · · · · · · · · · · ·	
The purpose for	which the corporation is organized is:	• • •	
ANY AND	ALL LAWFÜL BUSINÉSS		, , ,
	· .	• • • •	
	•		· · ·
ARTICLE IV The number of s	<u>SHARES</u> hares of stock is: 100	·	
ARTICLE V	INITIAL OFFICERS AND/OR DI	RCTORS	
	Title: RICHARD NELSON MONTES GONZALEZ,	PRESIDENT Name and Title:	
Address:		Address:	
	DORAL, FL 33126	· · · · · · · · · · · · · · · · · · ·	
Name and	Title:	Nome and Title	
Address:			,
		·	,
	Title:		
Address:		Address:	
		,	······
ARTICLE VI	REGISTERED AGENT		
The name and K	Inrida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
	THE LEVY GROUP, CORF		
Address:	1867 NW 97 AVE STE 102 MIAMI_EL 33172	2	х ^с
	,		
ARTICLE VII The name and a	<u>INCORPORATOR</u>	,	. ,
Name:	RICHARD NELSON MONTES G	<u>ONZALEZ</u>	
Address:	1723 NW 82 AVENUE		
//	100BAL, EL 33126		•
Having been na this certificate, f	med as registered agent to accept service of am familiar with and accept the appointme	of process for the above stated co ent as registered agent and agree t	rporation at the place designated in a act in this capacity
	MA		
			DECEMBER 20, 2012
•	Sequired Signature/Registered A	- ,	Date
I submit this do document to the	cument and affirm that the facts stated he Department of State constitutes a third deg	erein are true. I am aware that t ree felony as provided for in s.817	he faise information submitted in a 155, F.S.
	1 ml		DECEMBER 20, 2012
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