

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500242275195

**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**87.50
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.70
**88.7



COVER LETTER

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

SUBJECT OCCIDENTAL-PACIFIC PADERS INT. 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	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		İ	& Certificate of Status
		ADDITIONAL CO	
		ADDITIONAL CO	TI KEQUIKED
	•		
۲	M	10 40/1	
FROM:	ERHANDO M	IRALAL	
	Namo	e (Printed or typed)	
	6358 SW.	19th STOR	
	6930 300	Address	
	-	Address	
	MIALLI	FL 3315	(
2	City	State & Zip	
	City,	, state & Esp	
	786.21	6-2010	
	Davtime 7	Celephone number	
	1 .0		1
	LULA LULA C	3 BELL SOUTH	·HE
	E-mail address: (to be use	ed 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)

the same	A TO	*
	The name of the corporation shall be:	with Capp.
	The name of the corporation shall be: DCCIDENTAL - PACIFIC TRADERS	> 141C.COE/.
		dress, if different is:
	5567 NW-72 "AVENUE"	
	MIAMI FL 33 166	
•	ARTICLE III PURPOSE	
TA DON'S	The purpose for which the corporation is organized is: E NATIONAL AND INTERNATIONAL BUSINESS PE	ATTAIC AT.
· · · · · · · · · · · · · · · · · · ·		
	STE LEVELAND TO PROVIDE BROKERAGE SERVICE	
AND A	HR, GOODS AND SERVICESS, MATERIALS FOR-	THE INDUSTRY.
-	ARTICLE IV SHARES	
	The number of shares of stock is: 100 (ONE HUNDRED) INITIAL	ICHE).
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
	Name and Title: FERNANDO MIRABA Name and Title: Address: Address:	
	6358 SW. 29451REET	
	MAM1, FL 33155	
	Name and Title: Name and Title:	
	Address: Address:	
	Name and Title: Name and Title:	
	Address: Address:	
		*
	ARTICLE VI REGISTERED AGENT	13 SE TAL
	The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	L CR
	Name: SISANT SITE Address: 13073 SILL FOULTA	2
	Number of the state of the stat	SSIS
	ARTICLE VII INCORPORATOR	
	The name and address of the Incorporator is:	
	Name: FENANDO MISABAL Address: G358 511, 70 1 STEFF	R
ı	NOVE 100 100 100 100 100 100 100 100 100 10	Din Of
1	Having been named as registered agent to accept serving of process for the above stated corpor	ration at the place designated in
	this certificate, I am familiar with and accept the appointment as registered agent and agree to a	ict in this capacity
	Ousana, Dittor	01-10 -2012
	Required Signature/Registered Agent	Date
	I submit this document and affirm that the facts stated herein are true. I am aware that the f	false information submitted in a
	document to the Department of State constitutes a third degree felony as provided for in s.817.13	
	Colling All Sun And S	
	Required Signature/Incorporator	Date Date
	Required Signature/Incorporator	01-02-2013