

Jan 17, 2017 1:02PM

No. 0276 P.

PI 3000013624 39

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

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

Email Address: DLEVY@LEVY-GROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
FULL OFFICE CA, INC.

Certificate of Status	0
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Corporate Filing Menu

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13 JAN 17 PM 4:09

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DIVISION OF CORPORATIONS
13 JAN 17 AM 10:12

Jan. 17. 2013 3:02PM

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

H130000136243
No. 0978 P. 2
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Full Office CA, Inc.
The name of the corporation shall be:

13 JAN 17 AM 10:12

ARTICLE II PRINCIPAL OFFICE
Principal street address
1060 Brickell Avenue #4309
Miami, Florida 33131

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ricardo Georges El Karez (President) Name and Title:
Address: 1060 Brickell Avenue #4309 Address:
Miami, Florida 33131

Name and Title: Maria Estefania Sucre Valera (Vice President) Name and Title:
Address: 1060 Brickell Avenue #4309 Address:
Miami, Florida 33131

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: THE LEVY GROUP, CORP.
Address: 1867 NW 97 AVENUE, STE 102
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ricardo Georges El Karez
Address: 1060 Brickell Avenue, 4309
Miami, Florida 33131

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

01-17-2013
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

01-17-2013
Date

H130000136243