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.

Electronic Filing Cover Sheet

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	porations : (850)617-6381				MAY OF	1 H
Account Number	: I20120000083	CIATES, (C.P.A.,	P.A.	30 J	44 :6
	Fax Number Account Name Account Number	Account Name : NELSON & ASSOC Account Number : I20120000083 Phone : (305)593-0829	Fax Number : (850) 617-6381 Account Name : NELSON & ASSOCIATES, (Account Number : 120120000083 Phone : (305) 593-0829	Fax Number : (850) 617-6381 Account Name : NELSON & ASSOCIATES, C.P.A., Account Number : 120120000083 Phone : (305) 593-0829	Fax Number : (850) 617-6381 Account Name : NELSON & ASSOCIATES, C.P.A., P.A. Account Number : 120120000083 Phone : (305) 593-0829	Fax Number : (850) 617-6381 Account Name : NELSON & ASSOCIATES, C.P.A., P.A. Account Number : I20120000083 Phone : (305) 593-0829

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

Brail Address: DLEVY @ LEVY- GROUP. COM

FLORIDA PROFIT/NON PROFIT CORPORATION COMERCIALIZADORA LOS 4 SUYOS CA, INC.

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

ARTICLE I The name of the co	NAME Comercializadora Los orporation shall be:	4 Suyos CA, Inc	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailii	ng address, if different is:
	Antonio Mario Obregon Gonzalez		<u>~~</u>
4	125 NW 136th Court		
ļ	Viiami, Florida 33182		im G O
ARTICLE III			6622 F
The purpose for which the corporation is organized is:			PT TO
ANY AND A	LL LAWFÜL BUSINESS		
,			Eg e D
			SIAIC STAILS
			₹*
ARTICLE IV The number of sha	SHARES ures of stock is: 100	•	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS	
Name and T	itte: Antonio Mario Obregon Gonzalez (Preside	ent) Name and Title:	
Address:	425 NW 136th Court	Address:	
	Miami, Florida 33182		
Name and T	ille: Rosa Coromoto Fernandez Suarez (Vice Presid	ant). Nome and Title:	
Address:	425 NW 136th Court	Address:	•
Widiess:	Mlami, Florida 33182		
	MISHIN, TORIGI GOTOZ		
			
Name and 1	itle;	Name and Title;	
Address;			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	THE LEVY GROUP, CORP.	_	•
Address:	1867 NW 97 AVENUE, STE 103	2	
	MIAMI, FL 33172	_	
ARTICLE VII	INCORPORATOR		
	iress of the Incorporator is:		
Name:	Antonio Mario Obregon Gonzale	7.	
Address:	425 NW 136th Court	<u></u>	
	Miami, Florida 33182		
·			
Having been name	ed as registered agent to accept service of proc	ess for the above stated co	prporation at the place designated in
titis certificate, 1 ai	ni familiar with and accept the appointment as n	egistered agent and agree i	to act in this capacity
	h1111		
	NV	<u> </u>	02/04/2013
	Required Signifure/Registered Agent		Dale
I submit this docu document to the D	ment and affirs that the facts stated herein a evarppent of spate constitutes a third degree seld	re true. I am aware that t ony as provided for in s.812	the false information submitted in a 7.155, F.S.
[Ht]	1 <i>X DK \ </i>		
	My y y y		02/04/2013
	Required Signature/Incorporator		Date