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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT-	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

or 2/22/13

COVER LETTER

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

SUBJECT		STRO INC. TE NAME – MUST INCLU	JDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a check for:	,	
\$70.00 \$78.75 Filing Fee & Certifica	te of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Jose Fre	ire	(D): I			
16085 SV	V 112 TE			1 3	SIAIC 3S
Miami, FL 33196			FEB 21	CRETARY CON OF C	
City, State & Zip (305) 467-0974			PH 1: 12	ED CRPGRAT	
josefreire24	490@comc	elephone number ast.net d for future annual report r	notification)	. 💊	SNOI

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)

MIGI PO 11	ation shall be:				
<u>TICLE II </u>	INCIPAL OFFICE Principal street address		Mailing address, if diffe	erent is:	
6085 SW 112 TER		1608	16085 SW 112 TER		
IAMI, FL 33	3196	MIAN	MI, FL 33196		
TICLE III PUI	RPOSE the corporation is organized is:				
	L LAWFUL BUSINESS	'			
,					
				3 S	
				8	
				21	
TICLE IV SH number of shares of	ARES f stock is: 1000			21 PM 1:	
TICLE V IN	TIAL OFFICERS AND/OR DIRECTOR	_		21 PM	
TICLE V IN Name and Tit	TIAL OFFICERS AND/OR DIRECTORS	Name and Title	e:	21 PM 1:	
TICLE V IN	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER	_	e:	21 PM 1:	
TICLE V IN Name and Tit	TIAL OFFICERS AND/OR DIRECTORS	Name and Title	e:	21 PM 1:	
TICLE V IN Name and Tit	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER MIAMI, FL 33196 RICHARD MARTINEZ - VICE PRESIDENT	Name and Title	e:	21 PM 1: 12	
Name and Tit Address Name and Titl	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER MIAMI, FL 33196 RICHARD MARTINEZ - VICE PRESIDENT 15610 SW 109 AVE	Name and Title	e:	21 PH 1: 12	
TICLE V IN Name and Tit Address	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER MIAMI, FL 33196 RICHARD MARTINEZ - VICE PRESIDENT 15610 SW 109 AVE	Name and Title Address: Name and Title		21 PH 1: 12	
Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER MIAMI, FL 33196 RICHARD MARTINEZ - VICE PRESIDENT 15610 SW 109 AVE MIAMI, FL 33156	Name and Title Address: Name and Title Address:	e:	21 PH 1: 12	
Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS JOSE FREIRE - PRESIDENT 16085 SW 112 TER MIAMI, FL 33196 RICHARD MARTINEZ - VICE PRESIDENT 15610 SW 109 AVE	Name and Title Address: Name and Title Address:	e:	21 PH 1: 12	

Name ar	nd Title:	Name and Title:		
Address	S	Address:		
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of JOSE FREIRE	f the registered agent is:		
Address:	16085 SW 112 TER	_		IVIĆ IS
	MIAMI, FL 33196	_) FEB	SICK
ARTICLE VII	<u>INCORPORATOR</u>		21 PF	FILED TARY OF OF CORF
The <u>name and a</u>	ddress of the Incorporator is:			S S
Name:	JOSE FREIRE		: 12	ATIC
Address:	16085 SW 112 TER	_		SHC
	MIAMI, FL 33196	-		
Having been nat this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporatistered agent and agree to act	tion at the place design in this capacity 2/11/2013	gnated in
Required Signature/Registered Agent			2/11/2013 Date	
	/ /		- ****	
I submit this document to the	cument and affirm that the facts stated herein are Departm <mark>a</mark> nt of Sta te constitutes a third degree felon	true. I am aware that the fals y as provided for in s.817.155,	se information subm , F.S.	itted in a
,			2/11/2013	}
	Required Signature/Incorporator		Date	