

P13000019796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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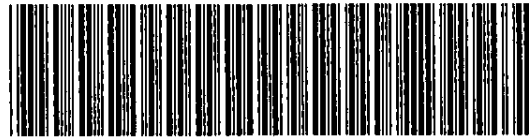
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

W. Bush MAR 11 2013

## COVER LETTER

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

SUBJECT: **FERMAVIC, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **GEORGE ARGUELLES**

Name (Printed or typed)

**215 SW LEJEUNE RD # 810**

Address

**CORAL GABLES, FL 33134**

City, State & Zip

**305-632-4373**

Daytime Telephone number

**GEORGEARGUELLES@AOL.COM**

E-mail address: (to be used 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)

**ARTICLE I NAME**  
The name of the corporation shall be: FERMAVIC, CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
215 SW LEJEUNE RD # 810  
CORAL GABLES, FL 33134

Mailing address, if different is:  
P.O. BOX 331718  
MIAMI, FL 33233

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: REAL ESTATE PROPERTY

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA ELISA SALGADO, PRES.  
Address: AV. F. LACROZE 1962, 1 A  
BUENOS AIRES, 1426  
ARGENTINA

Name and Title: FERNANDO GABRIEL MONTERO, VP  
Address: AV. F. LACROZE 1962, 1 A  
BUENOS AIRES, 1426  
ARGENTINA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ 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: GEORGE ARGUELLES  
Address: 215 SW LEJEUNE RD # 810  
CORAL GABLES, FL 33134

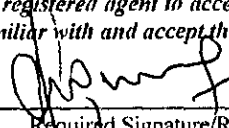
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA ELISA SALGADO  
Address: AV. F. LACROZE 1962, 1 A  
BUENOS AIRES, 1426, ARGENTINA

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*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

2/25/13  
\_\_\_\_\_  
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

2/15/13  
\_\_\_\_\_  
Date