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(Requestor's Name)				
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE ALLAHASSEL FLERIUM

MRD /13

COVER LETTER

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

SUBJECT:	Mederos - Vinue	la, Corp.	
	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Idel Mede	Prof (Printed or typed)	
	7300 SW 13	2 Avenue	
	Miami, Fl.	33183 State & Zip	
	305-790-6 Daytime Te	2788 elephone number	
	Vinuab 1 @ E-mail address: (to be used	Yahoo. com I 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 NAMI The name of the corporation	on shall be: 'Mederos - V	inuela,	Corp. & A
	CIPAL OFFICE rincipal <u>street</u> address	M	Corp.
7300 SU	J 132 Avenue		14
Miani,	FL 33183		
ARTICLE III PURP The purpose for which the	ose corporation is organized is:	igage in	n any lawful
ARTICLE IV SHAP The number of shares of st	RES ock is: 1,000		
	AL OFFICERS AND/OR DIRECTOR		Adriana Vinuela, Treasurer
	1300 SW 132 Avenue		7300 SW 132 Avenue
-	Miami, FL 33183		Miami, FL 33183
Name and Title:_		Name and Title:	
Address _			
-		·	
Name and Title:_		Name and Title:	
Address		Address: _	
-		-	

Name and Title:		Name and Title:	FILED
Address		Address:	SECNETARY OF STATE TALL AHASSEE FLORIDA
The <u>name and Florida s</u>	HSTERED AGENT itreet address (P.O. Box NOT acceptable) of	the registered age	ent is:
	Idriana Vinuela		
	7300 SW 132 AVENUE Miami, FL 33183		
ARTICLE VII INC	<u>ORPORATOR</u>		
The <u>name and address</u> (of the Incorporator is:		
Name:	Idel Mederos		
Address: _	7300 SW 132 Avenue	-	
	Miami, FL 33183	-	
	registered agent to accept service of process iliar with and accept the appointment as reg		
Poliare	Required Signature/Registered Agent		4/19/13 Date
I submit this document	and affirm that the facts stated herein are new fient of State constitutes a third degree felon		
	Required Signature incorporator		/ Date