

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I200000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY 22 AM 10:05

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
STONEMIX CONTAINERS, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

DEPARTMENT OF CLERK OF COURTS

13 MAY 22 PM 4:58

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **STONEMIX CONTAINERS, INC**

(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: **YANELLE M BARINAS**

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

3058710889

Daytime Telephone number

BARINASB@GMAIL.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: **STONEMIX CONTAINERS, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

5701 NW 36 ST

MIAMI, FL 33166

Mailing address, if different is:

2001 Biscayne Blvd suite 117/14

Miami, FL 33137-5057

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT** Name and Title: _____

Address: **ROGERIO LEMOS BERNARDES** Address: _____

Rua 09 Norte Lote 03 Apto 1104 - Residencial Villa Pavenelli

Aguas Claras - DF - Brasil, CEP: 71908-540

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: ROGERIO LEMOS BERNARDES
Address: 5701 NW 36 ST
MIAMI, FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: ROGERIO LEMOS BERNARDES
Address: Rua 09 Norte Loto 03 Apto 1104 - Residencial Villa Pavanelli
Aguas Claras - DF - Brasil, CEP: 71908-540

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

α 
Required Signature/Registered Agent

05/22/2013
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.

α 
Required Signature/Incorporator

05/22/2013
Date