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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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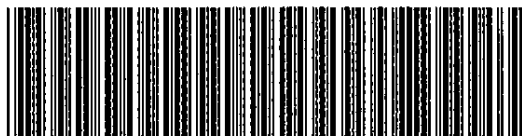
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Copper Rocks, 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: Copper Rocks, Inc.

Name (Printed or typed)

4000 Ponce de Leon Blvd. Suite 470

Address

Coral Gables, Florida 33146

City, State & Zip

305-777-0330

Daytime Telephone number

mmbnradet@bellsouth.net

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: Copper Rocks, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4000 Ponce de Leon Blvd.

Suite 470

Coral Gables, Florida 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: It is a minerals marketing and import/export company.

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcela Ponce/President

Name and Title: _____

Address 4000 Ponce de Leon Blvd.

Address: _____

Suite 470

Coral Gables, Florida 33146

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

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(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: Marcela Ponce
Address: 4000 Ponce de Leon Blvd. Suite 470
Coral Gables, Florida 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcela Ponce
Address: 4000 Ponce de Leon Blvd. Suite 470
Coral Gables, Florida 33146

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CLERK OF STATE
TALLAHASSEE FLORIDA

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

6/7/2013

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.

Required Signature/Incorporator

6/7/2013

Date