Olorida Department of State **Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000138525 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number

: (305)633-9696

 $\overline{\omega}$

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

Email Address:

63178

FLORIDA PROFIT/NON PROFIT CORPORATION FEBISA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

6/18/2013

9696889908

t0:b1 E10Z/81/90



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

RTYCLE I NA ne name of the corpor	ation shall be: FEBISA, INC.	13 Jun	18 AM 10:
	ENCIPAL OFFICE Principal street address	SECRETAD	Y AC OTATA
180 W. FLA		Mailing address, if ditte性科的	EE, FLORID
IAMI, FL 33			_
TICLE III PUI	RPOSE THE C	ENERAL NATURE OF BUSINE	
		SACT ANY AND ALL LAWFUL	
	INCOMPONE TO TRAIN	SACT ANT AND ALL LAWFUL	
USINESS.			
			
RTICLE IV SH	ARES 100 SHARES \$1.00 PAR VA	LUE	
e ilmiiner of assirea o	t anner 19		
	TIAL OFFICERS AND/OR DIRECTOR		
Name and Tit	le: DAVID MANUEL QUINTANA P/S/T/VF	Name and Title:	
Address	5180 W. FLAGLER ST.	Address:	
	MIAMI, FL 33134		
Name and Title	œ:	Name and Title:	-
Address		Address:	
			
			
Name and Title	e;	Name and Title:	
Address			
Audress		Audress:	
			
			<u></u>



(conti.) FILED

Name	and Title:	_ Name and Title:	13	JUN 18	AM 10: 29
Address		Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					<u> </u>
ARTICLE V	I REGISTERED AGENT				
	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:			
Name:	DAVID MANUEL QUINTANA	_			
Address:	5180 W. FLAGLER ST.	_			
	MIAMI, FL 33134	_			
ARTICLE VI	II INCORPORATOR Laddress of the Incorporator is: DAVID MANUEL QUINTANA	<u>:</u>			
Address:	5180 W. FLAGLER ST.	_			
	MIAMI, FL 33134	~			
	named as registered agent to accept service of process I am familiar with and accept the appointment as reg				ted in
			6/18/2	2013	
	Required Signature/Registered Agent			Date	
	locument and affirm that the facts stated herein are ne Department of State <u>constitutes</u> a third degree felon			ion submittet	t in a
		_	6/18	/2013	
	Required Signature/Incorporator			Date	