

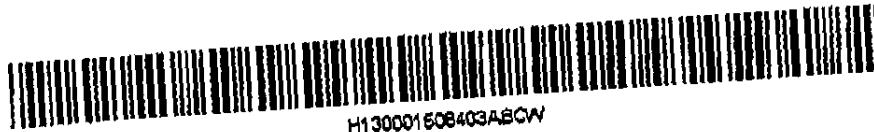
Division of Corporations

P13000057166

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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
ENTHECA CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

file.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP

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07/03/2013 04:11:33
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JUL 13 2013

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13 JUL -3 PM 4:56
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
13 JUL -3 PM 4:50
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

413000150840

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

ARTICLE I NAME ENTHECA CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5838 Collins Ave Apt 10-C
Miami Beach, FL. 33140

Mailing address, if different is:
9250 W. Bay Harbor Dr Apt 7-D
Bay Harbor Island, FL. 33154

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Legal Business Activity / Permitted
in the State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100 (One hundred)
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guillermo E. GALLO (P)
Address: 9250 W. Bay Harbor Dr Apt 7 D
Bay Harbor Island, FL. 33154
50 %

Name and Title: Mario E. OCHOA (V/P)
Address: 9250 W. Bay Harbor Dr Apt 7 D
Bay Harbor Island, FL. 33154
50%

Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____

Name and Title: _____ Address: _____
Name and Title: _____ Address: _____
Name and Title: _____ Address: _____

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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: Jose L. WAINFIELD MARTINEZ
Address: 9250 W. Bay Harbor Dr Apt 7-D
Bay Harbor Island, FL. 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guillermo E. GALLO
Address: 9250 W. Bay Harbor Dr. Apt 7-D
Bay Harbor Island, FL 33154

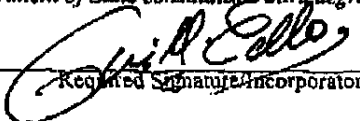
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TALLAHASSEE, FLORIDA

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

7/3/13
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

07/3/2013
Date