

PI3000060027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

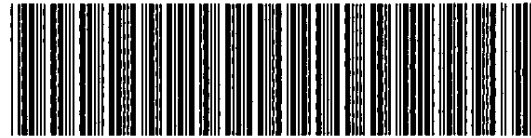
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/13--01012--009 **78.75

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13 JUL 12 PM 3:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Importex Solutions Corporation

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rafael Rivas

Name (Printed or typed)

8961 SW 215 Terrace

Address

Cutler Bay, FL 33189

City, State & Zip

305-972-4754

Daytime Telephone number

rmrivast@hotmail.com ✓

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 12 PM 3:40

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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: Importex Solutions Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

8961 SW 215 Terrace
Cutler Bay, FL 33189

Mailing address, if different is:

8961 SW 215 Terrace
Cutler Bay, FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation shall engage in any
activity or business permitted under the laws of the United States and of
the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yahaira Sanchez

Address: President
8961 SW 215 Terrace
Cutler Bay, FL 33189

Name and Title: _____

Address: _____

Name and Title: Ninette Sanchez

Address: Vice President
8961 SW 215 Terrace
Cutler Bay, FL 33189

Name and Title: _____

Address: _____

Name and Title: Rafael Rivas

Address: Treasurer
8961 SW 215 Terrace
Cutler Bay, FL 33189

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

(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: Rafael Rivas
Address: 8961 SW 215 Terrace
Cutler Bay, FL 33189

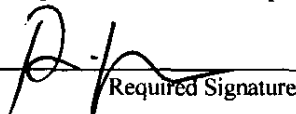
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nicole Perez
Address: 17718 SW 139 Ct
Miami, FL 33177

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DEPARTMENT 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

7-5-13
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

7-5-13
Date