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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

10/03/13

COVER LETTER

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

SUBJECT: MERCHANDISE TRADES, 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: ADALBERTO HERDE
Name (Printed or typed)

17024 NW 10TH STREET
Address

PEMBROKE PINES FL 33028
City, State & Zip

(954) 709-4725
Daytime Telephone number

aherde1@yahoo.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: MERCHANDISE TRADES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7547 W 24TH AVE, S-200
HIALEAH, FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: MERCHANDISE TRADING (CLOTHING, SHOES, SCHOLARSHIP ITEMS, ETC.)

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADALBERTO HERDE/ PRESIDENT
Address: 17024 NW 10TH STREET
PEMBROKE PINES
FL 33028

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

(conti.)

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: ADALBERTO HERDE

Address: 17024 NW 10TH STREET

PEMBROKE PINES, FL 33028

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ARTICLE VII INCORPORATOR

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

Name: ADALBERTO HERDE

Address: 17024 NW 10TH STREET

PEMBROKE PINES, FL 33028

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

_____ 9/30/13

Required Signature/Registered Agent 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.

_____ 9/30/13

Required Signature/Incorporator Date