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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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

Email Address: _____

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DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION
FREMO CORP**

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Page Count	04
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Bn/3/13

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COVER LETTER

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

SUBJECT: FREMO CORP
(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: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 36 ST
Address

MIAMI, FL 33166
City, State & Zip

3058710889
Daytime Telephone number

BARINASB@GMAIL.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: FREMO CORP

ARTICLE II PRINCIPAL OFFICE:
Principal street address

80 SW 8TH SUITE 2056
MIAMI, FLORIDA 33130

Mailing address, if different is:

80 SW 8TH SUITE 2056
MIAMI, FLORIDA 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALFREDO RODOLFO BRAUTIGAM
Address: 80 SW 8TH SUITE 2056
MIAMI, FLORIDA 33130

Name and Title: MONICA ALEJANDRA GOMEZ COLL
Address: 80 SW 8TH SUITE 2056
MIAMI, FLORIDA 33130

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: ALFREDO RODOLFO BRAUTIGAM
Address: 80 SW 8TH SUITE 2056
MIAMI, FLORIDA 33130

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ALFREDO RODOLFO BRAUTIGAM
Address: 80 SW 8TH SUITE 2056
MIAMI, FL 33130

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

12/10/2013

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 § 817.155, F.S.

Required Signature/Incorporator

12/10/2013

Date

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