

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 CORPORAM MANUFACTURE, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

68839

Electronic Filing Menu

Corporate Filing Menu

Help

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Thanks

12/30/13
1-314



December 31, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

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X

X,

SUBJECT: CORPORAM MANUFACTURE, INC.
REF: W13000070516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000285386
Letter Number: 313A00029358

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED
14 JAN -2 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SEAL OF THE STATE OF FLORIDA
14 DEC 31 AM 11:26
RECEIVED CORPORATION

ARTICLE I NAME
The name of the corporation shall be: CORPORAM MANUFACTURE, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3693 NE 208 TERRACE
AVENTURA, FL 33180

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY AMAR, PRESIDENT

Name and Title: _____

Address 3693 NE 208 TERRACE
AVENTURA, FL 33180

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: ROBERT BUDOWSKY, C.P.A.
Address: 203 S. 21 AVE
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTHONY AMAR
Address: 3693 NE 208 TERRACE
AVENTURA, FL 33020

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


Signature/Registered Agent

12/27/13

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.


Signature/Incorporator

12/27/13

Date