P14000008530

12/09/203 07:34 #5814 1/001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000021019 3)))

H140000210193ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

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
ALMONTE SOUTH INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
14 JAN 28 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 28 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/29/14

Electronic Filing Menu Corporate Filing Menu Help

H14000021019

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: ALMONTE SOUTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9701 HAMMOCKS BLVD
APT 203
MIAMI, FLA. 33196

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROFIT CORPORATION

ARTICLE IV SHARES
The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD ALMONTE (PRES)
Address: 9701 HAMMOCKS BLVD
APT 203
MIAMI, FLA. 33196

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

14 JAN 28 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000021019

H14000021019

(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: EDWARD ALMONTE

Address: 9701 HAMMOCKS BLVD, APT 203

MIAMI, FLA. 33196

FILED
14 JAN 28 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: EDWARD ALMONTE

Address: 9701 HAMMOCKS BLVD , APT 203

MIAMI, FLA. 33196

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

Edward Almonte — 1/27/2014

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.

Edward Almonte — 1/27/2014

Required Signature/Incorporator — Date

H14000021019