## P1400002/223

(Re	equestor's Name)	
, (Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

3/0/14



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DIVISION OF CORDINEATION

## **COVER LETTER**

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

SUBJECT: MA	QUINANDO INC	). Ate name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	1 a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87,50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED

FROM:	JOSE ALFONSO VELIT
	Name (Printed or typed)
4	1630 S. KIRKMAN ROAD #291
	Address
C	ORLANDO, FL 32811
<del></del>	City, State & Zip
5	51-980-335-855
	Daytime Telephone number
<u>J</u>	VELIT@MAQUINANDO.COM.PE

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 NAM The name of the corporat	E MAQUINANDO IN	C.
ARTICLE II PRINCIPAL OFFICE Principal street address 4630 S. KIRKMAN ROAD		Mailing address, if different is:
#291		
ORLANDO, F	L 32811	
ARTICLE III PUR The purpose for which the	POSE he corporation is organized is:  ANY LA	AWFUL BUSINESS
		OIVISION 14 MAR
		1 95
ARTICLE IV SHA The number of shares of	LRES stock is:	6 AH 10: 27
	TIAL OFFICERS AND/OR DIRECTOR	S
Name and Title	JOSE ALFONSO VELIT, PRESIDENT	Name and Title:
Address	4630 S. KIRKMAN ROAD	Address:
	#291	
	ORLANDO, FL 32811	
Name and Title	·	Name and Title:
Address		Address:
Name and Title		Name and Title:
Address		Address:

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	the majetared agent is:	
Name:	JOSE ALFONSO VELIT	the registered agent is.	
Address:	4630 S. KIRKMAN ROAD #291		DIVIS 14
	ORLANDO, FL 32811		SECRETARY VISION OF CI
ARTICLE VII	INCORPORATOR		F CORPURATIONS
The name and a	ddress of the Incorporator is:		9. 25
Name:	ISABEL CRISTINA VERGARA		CHS.
Address:	6360 RANELAGH DRIVE UNIT 105		
	ORLANDO, FL 3/2835		
	med as registered agent to accept service of process am familiar with and accept the appointment as reg		
	03/01/2014		2014
<del></del>	Required Signature/Registered Agent	the second secon	Date
	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony		n submitted in a
	Studel C. Vinner	03/01	1/2014
	Required Signature Incorporator		Date