

02/04/2013 15:4

127 01/003

P14 000026800

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.

(((H14000072040 3)))



H140000720403

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
PAPOTE CORP**

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

RECEIVED

14 MAR 25 PM 4:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 MAR 25 PM 1:07

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

3/26/14

02/04/2032 05:41
MAR-25-2014 TUE 12:23 PM

FAX NO
H14000072040

#1127 P.002/003
FILED 02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

14 MAR 25 PM 1:07

ARTICLE I NAME

The name of the corporation shall be:

PAPOTE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

15848 NW 4 STREET

PEMBROKE PINES, FL 33028

Mailing address, if different is:

15848 NW 4 STREET

PEMBROKE PINES, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jaime A Henriques(President)

Address

15848 N.W 4 Street

Pembroke Pines, FL 33028

Name and Title: Mariela Parker (Vice-President)

Address

15848 N.W 4 Street

Pembroke Pines, FL 33028

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

H14000072040

02/04/2032 05:41

MAR-25-2014 TUE 12:23 PM

FAX NO.

#1127 P.003/003
P. 03

(cont.)

H14000072040

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: Luis Rosales
Address: 5931 N.W 173 Drive Ste 9
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Luis Rosales
Address: 5931 N.W 173 Drive Ste 9
Miami, FL 33015

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]
Required Signature/Registered Agent

3/25/14
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]
Required Signature/Incorporator

3/25/14
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 25 PM 1:07

H14000072040