5/14/2014

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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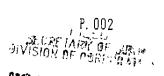
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FLORIDA PROFIT/NON PROFIT CORPORATION EMBALES CONTRACT INC

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



2874 MAY 14 AM 11: 13

ARTICLES OF INCORPORATION

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

APT 405 APT 405 AIAMI, FL 33145 RITCLE III FURPOSE te purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS RITCLE IV SHARES c number of shares of stock is: ANY AND ALL LAWFUL BUSINESS RITCLE IV SHARES MICHAEL CEDENO (PRESIDENT)	Principal afreet address 390 SW 27TH AVE PT 405 IAMI, FL 33145	MIAMI, FL 33145
MIAMI, FL 33145 MIAMI, FL 33145 MIAMI, FL 33145 MIAMI, FL 33145 ANY AND ALL LAWFUL BUSINESS AND ALL LAWFUL BUSINESS AND ALL LA	IAMI, FL 33145	MIAMI, FL 33145
ARTICLE IV SHARES The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: Name and Title: MICHAEL CEDENO (PRESIDENT) Address Address APT 405 MIAMI, FL 33145 Name and Title:		
The purpose for which the corporation is organized is: ANY AND ALL LAWFOL BUSINESS INTICLE IV SHARES The number of shares of stock is: 100 LRTICLE V INTIAL OFFICERS AND/OR DIRECTORS Name and Title: MICHAEL CEDENO (PRESIDENT) Address Address APT 405 MIAMI, FL 33145 Name and Title: Name and Title:	PURPOSE purpose for which the corporation is organized is:	ND ALL LAWFUL BUSINESS
Name and Title: MICHAEL CEDENO (PRESIDENT) Address Address APT 405 MIAMI, FL 33145 Name and Title: Name a		
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Address 1690 SW 27TH AVE Address: APT 405 MIAMI, FL 33145 Name and Title: Name and Title:	TCLE V INITIAL OFFICERS AND/OR DIRECTOR	
APT 405 MIAMI, FL 33145 Name and Title:		Name and Title:
MIAMI, FL 33145 Name and Title:	Varie 622	Address:
Name and Title:	**************************************	
	MIAMI, 1 E 00 140	
Address:	Name and Title:	Name and Title:
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Name and Title: Name and Title:		Name and Title:
Address Address:	Name and Title:	

DIVISION OF PORT OF MANY

2014 MAY 14 AM 11: 13 (conti.)

Name and Title:		Name and Title:	
AddressAddr		Address:	
,			
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	MICHAEL CEDENO		
Address:	1690 SW 27TH AVE APT 405	_	
	MIAMI, FL 33145	_	
ARTICLE VI	I INCORPORATOR		
The name and	address of the Incorporator is:		
Namo:	MICHAEL CEDENO	_	
Address:	1690 SW 27TH AVE APT 405	_	
	MIAMI, FL 33145	_	
Having been no this certificate,	amed as registered agest to accept service of process I am familiar with day accept the appointment as res	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity	
	Water	05/14/2014	
	Required Signature/Registered Agent	Date	
I submit this de	ocument and affirm that the sacts stated herein are e Department of State constitutes afthird flegree felon	true. I am aware that the false information submitted in a	
	Mickel	05/14/2014	
	Required Signature/Incorporator	Date	