

MAY/14/2014 WED 12:44 PM

FAX No.

PJ001

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5/14/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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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

RECEIVED

14 MAY 14 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY/14/2014/WED 12:44 PM

FAX No.

P. 002
SECRETARY OF JUDICIAL
DIVISION OF FLORIDA

2014 MAY 14 AM 11:13

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:

EMBALES CONTRACT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1690 SW 27TH AVE

APT 405

MIAMI, FL 33145

Mailing address, if different is:

1690 SW 27TH AVE

APT 405

MIAMI, FL 33145

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: **MICHAEL CEDENO (PRESIDENT)**

Address

1690 SW 27TH AVE

APT 405

MIAMI, FL 33145

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: MICHAEL CEDENO
Address: 1690 SW 27TH AVE APT 405
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL CEDENO
Address: 1690 SW 27TH AVE APT 405
MIAMI, FL 33145

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



Required Signature/Registered Agent

05/14/2014

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.



Required Signature/Incorporator

05/14/2014

Date