

MAY/20/2014 12:17 PM

FAX No

12:001

P/4000044770

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.

((H14000119265 3)))



H140001192653ABC\$

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 : EXPRESS CORPORATE FILING SERVICE
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
14 MAY 20 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
ABEL CASTRO BIZ CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
14 MAY 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 05/21/14

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: **ABEL CASTRO BIZ CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**636 W HALLANDALE BCH BLVD.
HALLANDALE BEACH,
FL 33009**

Mailing address, if different is:

(same)

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: **ABEL R. CASTRO FIGUEROA (PID)**
Address: **5205 SW 91 AVE AP. 3
COOPER CITY, FL 33328**

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **ABEL R. CASTRO FIGUEROA**
Address: **5205 SW 91 AVE AP. 3
COOPER CITY FL 33328**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ABEL R. CASTRO FIGUEROA**
Address: **5205 SW 91 AVE AP. 3
COOPER CITY, FL 33328**

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

05-19-2014

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

05-19-2014

Date

FILED
14 MAY 20 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA