

P14000045877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

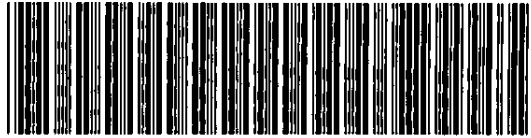
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260096933

05/23/14--01015--013 **78.75

FILED
14 MAY 23 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gn 5/27/14

COVER LETTER

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

SUBJECT: **Tres Hermanos Shipping INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Franco Maldini**

Name (Printed or typed)

320 S. Flamingo Rd #348

Address

Pembroke Pines, Florida 33026

City, State & Zip

954-325-2228

Daytime Telephone number

tiovaro1@hotmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 23 PM 2:08

FILED

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 NAME

The name of the corporation shall be: Tres Hermanos Shipping Inc.

FILED

14 MAY 23 PM 2:08

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

320 S. Flamingo Rd #348

Pembroke Pines, Florida 33027

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tomas Castillo-Pres

Name and Title: _____

Address 320 S Flamingo Rd #348

Address: _____

Pembroke Pines, FL 33027

Name and Title: Franco Maldini- VP

Name and Title: _____

Address 320 S. Flamingo Rd #348

Address: _____

Pembroke Pines, FL 33027

Name and Title: Antonio Vitelli- Treasurer

Name and Title: _____

Address 320 S. Flamingo Rd #348

Address: _____

Pembroke Pines, FL 33027

(conti.)

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: Tomas Castillo
Address: 320 S. Flamingo Rd #348
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Franco Maldini
Address: 320 S. Flamingo Rd #348
Pembroke Pines, Florida 33027

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

05-19-14
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.


Required Signature/Incorporator

5-19-2014
Date

FILED
14 MAY 23 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA