

PA00004693

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION  
FERROS INVESTMENT CORPORATION

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FERROS Investment CORPORATION  
(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: aldo e zepeda cpa  
Name (Printed or typed)

15884 sw 21st street  
Address

miramar, fl 33027  
City, State & Zip

305-206-6274  
Daytime Telephone number

rafaelf1@hotmail.com  
E-mail address: (to be used for future annual report notification)

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: ferros investment corporation

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 15884 sw 21st street  
miramar, fl 33027  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: any legal purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Rafael A Fernandez, Pres.</u>	Name and Title: <u>Vannes Rosales, VP</u>
Address: <u>15884 sw 21st street</u> <u>miramar, fl 33027</u>	Address: <u>15884 sw 21st street</u> <u>miramar, fl 33027</u>
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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(cont)

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: Aldo E Zepeda CPA  
 Address: 15884 SW 21st Street  
miramar, fl 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aldo E Zepeda CPA  
 Address: 15884 SW 21st Street  
miramar, fl 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

05/28/2014  
 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

05/28/2014  
 Date

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