

JUN/05/2014/THU 02:54 PM

FAX No.

P. 001

P14000048819
Division of Corporations
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.

(((H14000131510 3)))



H140001315103ABCQ

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 INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****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
LYNX INTERNATIONAL TRADING CORPORATION**

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

RECEIVED

14 JUN -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN -5 AM 8:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/6/14

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: LYNX INTERNATIONAL TRADING CORPORATION

ARTICLE II PRINCIPAL OFFICE
Principal street address

782 NW 42 AVE

STE 3

MIAMI, FL 33126

Mailing address, if different is:

782 NW 42 AVE

STE 3

MIAMI, FL 33126

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: (D) LILIANA M LOPEZ Name and Title: _____

Address: 782 NW 42 AVE Address: _____

STE 3 _____

MIAMI, FL 33126 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUN -5 AM 8:35

(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:

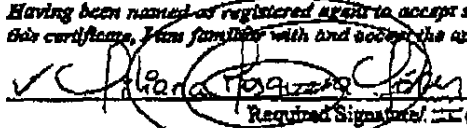
Name: COLLADO AND COMPANY PA
Address: 782 NW 42 AVE STE 3
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LILIANA M LOPEZ
Address: 782 NW 42 AVE STE 3
MIAMI, FL 33126

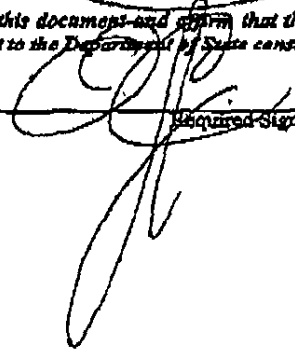
Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

✓ 
Required Signature/Incorporator

JUNE 5, 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 § 817.155, F.S.


Required Signature/registered Agent

JUNE 5, 2014

Date