

JUL 28 2014 12:28 PM

P14000063398

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.

(((H14000178280 3)))



H140001782803ABC+

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
FLORIDA MERCHANDISE TRADE INC.

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

FILED
14 JUL 28 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 28 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
7/29/14

JUL/28/2014/MON 12:27PM

FAX No.

P. 002

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 JUL 28 PM 1:38

ARTICLE I NAME

The name of the corporation shall be:

FLORIDA MERCHANDISE TRADE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

9261 NW 121 STREET

HIALEAH GARDENS, FL 33018

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE M. AGUADO (P/D)

Name and Title: _____

Address: 9261 NW 121 STREET

Address: _____

HIALEAH GARDENS, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

JUL 28/2014/MON 12:27 PM

FAX No.

P. 003

(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:

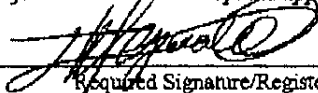
Name: JOSE M. AGUADO
Address: 9261 NW 121 STREET
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE M. AGUADO
Address: 9261 NW 121 STREET
HIALEAH GARDENS, FL 33018

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

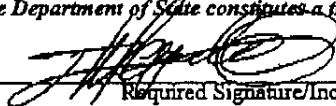


Required Signature/Registered Agent

JULY 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

JULY 28, 2014

Date

FILED
14 JUL 28 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA