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Florida Department of State
Division of Corporations
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To: Division of Corporations
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****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
ALIRIO GUTIERREZ, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

78639

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -4 PM 2:24

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TALLAHASSEE, FLORIDA

14 AUG -4 PM 5:00

R. J. D.

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 8/5/14

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

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ARTICLE I NAME
The name of the corporation shall be: ALIRIO GUTIERREZ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1822 NW 22nd Street
Miami FL. 33142

1822 NW 22nd Street
Miami FL. 33142

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Legal Business / Activity
permitted in the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alirio Gutierrez (P) Name and Title: _____
Address: 1822 NW 22nd Street Address: _____
Miami FL. 33142 Address: _____

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

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

(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: GUTIERREZ, ALIRIO
 Address: 1822 NW 22nd Street
Miami FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GUTIERREZ, ALIRIO
 Address: 1822 NW 22nd Street
Miami FL 33142

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 8/4/2014
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 8/4/2014
Date

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 14 AUG -4 PM 2:24
 SECRETARY OF STATE
 TALLAHASSEE, FL 32307

08/04/2014 16:17 3056339696
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