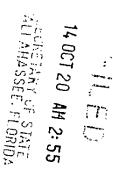
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(Re	equestor's Name)	
(Address)		
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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	Office Use On	ly



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COVER LETTER

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

SUBJECT: ME	TEONICS, INC.	ATE NAME ALICE INCL.	LIDE CUREINA
Englaced are an orig	inal and one (1) copy of the a	rticles of incomparation an	
Enclosed are all orig	mar and one (1) copy of the a	rucies of incorporation and	i 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 CO	PY REQUIRED

PROM:

ALVARO VAZQUEZ/ MARLENE FERNANDEZ

Name (Printed or typed)

3900 NW 79TH AVE SUITE 634

Address

DORAL, FL 33166

City, State & Zip

305-436-0979

Daytime Telephone number

DORALNOTARY@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

10/15/2014

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

FROM: ALVARO VAZQUEZ

THE OBJECTIVE OF THIS LETTER IS REQUESTING THAT THE RELEASE OF COMPANY NAME "METEONICS" SO IT BECAME AVAILABLE TO THE NEW COMPANY WHICH DOCUMENTS ARE ATTACHED

Almao Jurgar

REGARDS,

14 OCT 20 AM 2: 55 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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

The name of the corporat	ion shall be: METEONICS, INC	320	
ARTICLE II PRII	NCIPAL OFFICE	CAN B	
Principal street address		Mailing address, if different is:	
3900 NW 79TI	1 AVENUE	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
SUITE 634			
DORAL, FL 33166		7.5	
ADDICE ETT DED	NO.		
The purpose for which the	ne corporation is organized is: ANY AN	ND ALL LAWFUL BUSINESS	
ARTICLE IV SHA	RES 1000 SHARES		
The number of shares of s	Stock 1s.		
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title	ALVARO VAZQUEZ (P)	Name and Title:	
Address	3900 NW 79TH AVENUE		
Address	SUITE 634	Address:	
	DORAL, FL 33166		
Name and Title:		Name and Title:	
Address		Address:	
,			
Name and Title:		Name and Title:	
		-	
Address		Address:	
			

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	MARLENE FERNANDEZ	T 20 T 20 TASSE
Address:	3900 NW 79TH AVENUE STE 634	SET O A
	DORAL, FL 33166	FLORE
ARTICLE VII	INCORPORATOR	0A
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	ALVARO VAZQUEZ	
Address:	3900 NW 79TH AVENUE STE 634	
	DORAL, FL 33166	
	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Walny tes	10/15/2014
	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a
	1 Jamo Margar	10/15/2014
	Require Aignature/Incorporator	Date