

09/10/203

06 7

#3816 P.001/003

P14000088906

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.

(((H14000254258 3)))



H140002542583ABC+

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 OCT 30 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
INVERSIONES ROMERO GIL INC**

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

10/31/14 ch

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

H14000254258

ARTICLE I NAME: The name of the corporation is:Inversiones Romero Gil Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2735 NW 7ST
MIAMI FL 33125**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Albenis Gil (P)Eduardo R. Romero (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Albenis Gil
2735 NW 7ST
MIAMI FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Eduardo R. Romero
2735 NW 7ST
MIAMI FL 33125

H14000254258

H14000254258

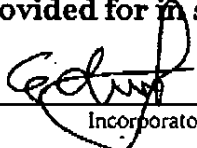
Required Signatures:

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



Registered Agent_____
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.



Incorporator_____
Date

14 OCT 30 PM 12:21
DEPT OF STATE
TALLAHASSEE, FLORIDA

H14000254258