

P/50000/9256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

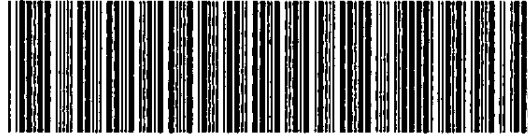
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/15--01005--014 **87.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 26 PM 3:43

✓ 02/27/15

COVER LETTER

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

SUBJECT: Kristales International, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dulfay Cuadrado de Flechas
Name (Printed or typed)
10171 NW 59th Drive
Address
Parkland, FL 33076
City, State & Zip
954-410-4787
Daytime Telephone number
kristalese@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME Kristales International, Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

10171 NW 59th Drive

Parkland, FL 33076

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

SALES / EXPORTS & IMPORTS

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dulfay Cuadrado de Flechas

Title: President

Address 10171 NW 59th Drive

Address: _____

Parkland, FL 33076

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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:

Dulfay Cuadrado de Flechas

Name: _____

10171 NW 59th Drive

Address: _____

Parkland, FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dulfay Cuadrado de Flechas

Name: _____

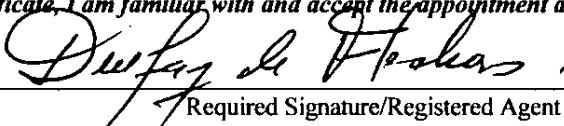
10171 NW 59th Drive

Address: _____

Parkland, FL 33076

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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

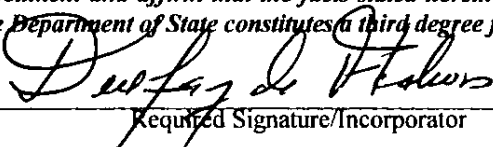


Required Signature/Registered Agent

02/23/15

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

02/23/15

Date