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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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15 MAR -2 AM 11:17

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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15 MAR -2 PM 4:59

FLORIDA PROFIT/NON PROFIT CORPORATION
AITON COMMERCE EXCHANGE CORP

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

MD 3/3

Electronic Filing Menu Corporate Filing Menu Help

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

ARTICLE I NAME
The name of the corporation shall be: AITON COMMERCE EXCHANGE CORP

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
8770 Johnson Street
Pembroke Pines
FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and All Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carloe D. Aviles Pazmiño (President)
Address: 8770 Johnson Street, Pembroke Pines, FL 33024

Name and Title: Ana Victoria Pazmiño Orellana (Secretary)
Address: 8770 Johnson Street, Pembroke Pines, FL 33024

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(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: Luis F. Rosales

Address: 5391 NW 173 Dr. Ste 9A

Miami, FL 33015

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Luis F. Rosales

Address: 5391 NW 173 Dr. Ste 9A

Miami, FL 33015

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

_____ 02/23/2015

Required Signature/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.

_____ 02/23/2015

Required Signature/Incorporator Date