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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (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.

C31	Address:			
-mai	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION ALL FISHING MIAMI INC

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

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T. SCOTT

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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 is:		
All FISHING MIGNI 100.		
THE TIGHTING TOTAL		}
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
1000 000 TU 01		
	ļ	
ARTICLE III SHARES: The number of shares of stock is:	ľ	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Elixandro Miquel Exposito Pupo (P)		
Rolando Miguel Exposito Gonzalez	1	(9)
TOTAL TO THE CAPOSITION OWN PATER		
		•
	ا ا	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	7. P	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	الا	4
Elixandro Miquel Exposito Pupo	Dr.	(f) 61 ₃
8368 SW 40 ST	00	
Miami FL 33155		i.a.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Elixandro Miquel Exposito Pupo		
1501 SW 40 37		
Miami FL 33155		

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