

MAR/18/2015/WED 11:03 AM

FAX No.

P. 001/003

3/18/2015

Division of Corporations

P15 000026294

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.**

((H15000068199 3)))



H150000681993ABC8

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CUBA NACIONALISTA CRISTIANA INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**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: CUBA NACIONALISTA CRISTIANA INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

142 WEST 18 ST  
HIALEAH FL, 33010

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** 100  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NAPOLEON VILABOA (P/T)

Address: 142 WEST 18 ST  
HIALEAH, FL 33010

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: NEREIDA AMIGO(D/S)

Address: 642 NW 5TH AVE #B-401  
MIAMI, FL 33136

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: MARIELA VILABOA(P/T)

Address: 142 WEST 18 ST  
HIALEAH, FL 33010

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2015 MAR 18 PM 4:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR/18/2015/WED 11:03 AM

FAX No.

P. 003/003

(conti.)

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: NAPOLEON VILABOA  
Address: 142 WEST 18 ST  
HIALEAH, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NAPOLEON VILABOA  
Address: 142 WEST 18 ST  
HIALEAH, FL 33010

*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

03/17/2015

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

03/17/2015

Date