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COVER LETTER

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

IMPREX TRADING CORP. SUBJECT:

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

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

1 \$78.75
Filing Fee
& Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: ROBERT PENAFIEL

Name (Printed or typed)

888 BISCAYNE BLVD., #2701

Address

MIAMI, FL 33132

City, State & Zip

(786)303-4916

Daytime Telephone number

ROBERT.PENAFIEL@ATT.NET

E-mail address: (to be used for future annual report notification)

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

•	ARTICLES OF I			I		
ARTICLE I NA. The name of the corporation	ME ation shall be: IMPREX TRAD		RP.		_	
ARTICLE II PR	INCIPAL OFFICE Principal <u>street</u> address NE BOULEVARD			dress, if different is:	-	
#2701		-				_
MIAMI, FL 33	3132					_
ARTICLE III PUR The purpose for which RESINS, PRET	TO I the corporation is organized is: TO I		AND EXPO	ORT PLASTIC		
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ARTICLE IV SH.	ARES f stock is:				15 APR	
ARTICLE V INI	TIAL OFFICERS AND/OR DIREC				ς. Ω	
Name and Titl		Name	and Title:		<u>q</u>	
Address	7483 NW 167 Street	Addre	ss:		f:	4
	HIALEAH, FL 33015					
Name and Title	ROBERTO PENAFIEL, SECRETARY/TREASURER/DIR	ECTOR	and Title			
Address	888 BISCAYNE BOULEVA					
	#2701			· · · · · · ·		-
	MIAMI, FL 33132					_
Name and Title	2	Name	and Title:			_
Address		Addre	SS:			
						
						_

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Name and Title:		(conti.)
Address		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: REINALDO ROMAN Address: 7483 NW 167 Street HIALEAH, FL 33015 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ROBERTO PENAFIEL Address: 888 BISCAYNE BOULEVARD, #2701 MIAMI, FL 33132 Having been named as registered agent to accept service of process for the above stated corporation at the place designated it this certificate, I am familitation and accept the appointment as registered agent and agree to act in this capacity Mizer 4 - 1 - 2 0 / - Date Isubmit this document and affirm the first stated herein are true. I am aware that the false information submitted in document to the Department of State constitutions third degree felony as provided for in s.817.155, F.S.	Name and Title:	<u></u>
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: REINALDO ROMAN Address: 7483 NW 167 Street HIALEAH, FL 33015 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ROBERTO PENAFIEL Address: 888 BISCAYNE BOULEVARD, #2701 Address: B88 BISCAYNE BOULEVARD, #2701 MIAMI, FL 33132 MIAMI, FL 33132 Having been named as registered agent to accept service of process for the above stated corporation at the place designated it this certificate, I am fumiliar) with and accept the appointment as registered agent and agree to act in this capacity Max $\mathcal{U} - \mathcal{I} - \mathcal{I} - \mathcal{I} - \mathcal{I}$ Required Signatural Registered Agent Date I submit this document and affirm that the forts stated herein gre-true. I am aware that the false information submitted in document to the Department of State constitutions a third degree felony as provided for in s.817.155, F.S.	Address:	
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