## P15000042717

(Requestor's Name)				
(Address)				
Ç mantos,				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
·				
(DC	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

MAY 1 3 2014 T. SCOTT



400272334734

05/07/15--01031--007 \*\*87.50



## **COVER LETTER**

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

SUBJECT:	MPL Export Inc.			
	(PROPOSED CORPORA	ATE NAMÉ – <u>MÚST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:	
\$70,00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
*·*	•	ADDITIONAL CO		
	MPL E	export Inc.		
FROM:	Name (Printed or typed)			
	6953	NW 82 Av		
		Address		
	Miami,	Florida 33166		
	City	, State & Zip		
		5-767 9773		
_	•	Telephone number		
	•	uezb61@gmail.com ed for future annual report i	notification)	
	E-man address. (10 de use	a for future aminar report	ionneamon)	

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)

The name of the corpora		c.	
•	CIPAL OFFICE Principal street address		Mailing address, if different is:
6953 NW 82 Av, Miam	ni Fl 33166		
	OSE the corporation is organized is:  the transaction of all lawful business for	oose for which the cor	·
01.114 2.1114 01.1.1011			
			15 X
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:		AM (0) 55
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		· •
Name and Title	Aleiandro Marquez / Director	Name and Title	Emersom Perez / Director
Address	6953 NW 82 Av, Miami Fl 33166	Address:	6953 NW 82 Av, Miami Fl 33166
Name and Title	Samir Lopez / Director	Name and Title	
Address	6953 NW 82 Av, Miami Fl 33166	Address:	
		<del></del>	
Name and Title	·	Name and Title	·
Address		Address:	
		<u> </u>	

Name and	d Title:	Name and Title:
Address		Address:
		_ ·
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Alejandro Marquez	_
Address:	6953 NW 82 Av, Miami Fl 33166	_
		_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	Alejandro Marquez	
Address:	6953 NW 82 Av, Miami Fl 33166	
		_
	EFFECTIVE DATE:	(OPTIONAL)
(If an effective d	other than the date of filing:	ot be more than five business days prior or 90 business
days after the fil		• • • • • • • • • • • • • • • • • • • •
	inserted in this block does not meet the applicable fective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been nan	ned as r <u>egistered ag</u> ent to accept service of proces	s for the above stated corporation at the place designated in
this certificate, I d	im familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
		05/04/2015
	Required Signature Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	11/1/2	05/04/2015
Requi	red Signature/Incorporato	Date