

MAY/26/2015/TUE 01:50

5/26/2015

Division of Corporations

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.

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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
ENVECA, INC.**

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

RECEIVED
15 MAY 26 PM 3:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 MAY 26 AM 10:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MD 5/27

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: **ENVECA, INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1000 PONCE DE LEON BLVD**SUITE: 105****CORAL GABLES, FL 33134****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: **SHARES: 100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **ALVARO J. FERNANDEZ (P/D)**

Name and Title:

Address

1000 PONCE DE LEON BLVD

Address:

STE: 105**CORAL GABLES, FL 33134**Name and Title: **MARIA DEL MAR FERNANDEZ (V/D)**

Name and Title:

Address

1000 PONCE DE LEON BLVD

Address:

STE: 105**CORAL GABLES, FL 33134**Name and Title: **DOLORES MONTSERRAT FERNANDEZ (S/D)**

Name and Title:

Address

1000 PONCE DE LEON BLVD

Address:

STE: 105**CORAL GABLES, FL 33134**

MAY/26/2015/TUE 01:50 PM

FAX No.

P. 003

(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: EXPRESS CORPORATE FILING SERVICES INC.
Address: 1000 PONCE DE LEON BLVD STE: 105
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALVARO J. FERNANDEZ
Address: 1000 PONCE DE LEON BLVD STE: 105
CORAL GABLES, FL 33134

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

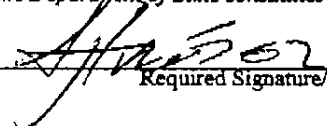


Required Signature/Registered Agent

05/22/2015

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

05/22/2015

Date

15 MAY 26 AM 10:10
1000 PONCE DE LEON BLVD
CORAL GABLES, FL 33134