

P15000077301

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

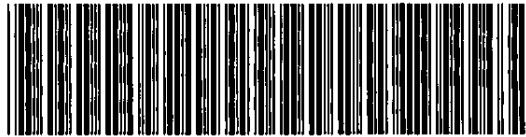
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 SEP 11 PM 3:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

9/21/15

**COVER LETTER**

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

**SUBJECT:** INDUSTRIA ARTESANAL MAYA INTERNATIONAL INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: CELSO TZOY CASTRO  
Name (Printed or typed)  
4 GLENN STREET  
Address  
NEWMAN GA. 30263  
City, State & Zip  
470-429-9554  
Daytime Telephone number  
ptcelsotzoy@gmail.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
SEP 11 2004  
STATE  
CORPORATION

15 SEP 11 PM 3:52

FILED

**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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: INDUSTRIA ARTESANAL MAYA INTERNATIONAL INC

15 SEP 11 PM 3:52

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS, if different is: MISSISSAUGA, FLORIDA

4 GLENN STREET

NEWMAN GA. 30263

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE DUTIES AND FUNCTION OF THIS ENTITY AND  
SUBSIDY AFFILIATE ENTAILS THE MARKETING AND DEVELOPMENT OF HANDCRAFTED ARTISAN  
PRODUCTS AND ACCESSORIES FOR GLOBAL DISTRIBUTION.

**ARTICLE IV SHARES**

The number of shares of stock is: 25

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

Name and Title: CELSO TZOY CASTRO

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

Address: PRESIDENT

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

4 GLENN STREET

NEWMAN GA. 30263

Name and Title: REINA SOLIS VELASQUEZ

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

Address: VICE PRESIDENT

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

4 GLENN STREET

NEWMAN GA. 30263

Name and Title: HECTOR AURELIANO TZOY CASTRO

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

Address: SECRETARY/TREASURER/ MARKETIN

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

4 GLENN STREET

NEWMAN GA. 30263

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: JUAN CASTRO

Address: 1916 FLORIDA AVE. APT. 2

WEST PALM BEACH, FL. 33401

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JUAN CASTRO

Address: 1916 FLORIDA AVE. APT. 2

WEST PALM BEACH, FL. 33401

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

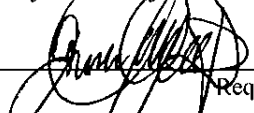
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

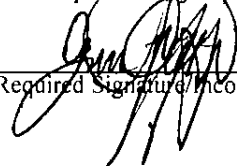
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/28/2015  
\_\_\_\_\_  
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

08/28/2015  
\_\_\_\_\_  
Date