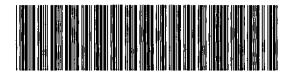
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(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;
	P	
	Office Use On	lv



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15 NOV -2 PH II: NO SECRETARY OF STAFF

E Growth 12774-176 2015

COVER LETTER

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

SUBJECT;	EMPO TRONICS	INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	JORGE C. R. Name		
_	MIAMI, FL City.	33286 State & Zip	
	HOT S Daytime T	31 6450 elephone number	
	F-mail address: (to be used	OMSN.Con	notification)

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)

TICLE I NAME of the corpo	ration shall be: TEMPO TRO	MICS THE	<u></u>	
RTICLE IIPRII	NCIPAL OFFICE Principal <u>street</u> address	М	ailing address, if dif	ferent is:
331 SW.	MO PADSAGE	Pob	ox guery	94
mani,	FL 33196	MAH	11, FL 3	3296
RTICLE III PUR ne purpose for which	POSE 1 the corporation is organized is: ユンソ	IIA OHA	LAWFUL	ชิบรเพธรร
				
TICLE IV SHA	RES Of stock is: 1000		<u></u>	
e number of shares of TICLE V INIT Name and Ta	of stock is: 1000 HAL OFFICERS AND/OR DIRECTORS HIE: JORGE L. RIVERA/PIESIE	EVName and Title:_		
number of shares of	IAL OFFICERS AND/OR DIRECTORS	ENName and Title:_		
number of shares of TICLE V INIT Name and Ti Address	HAL OFFICERS AND/OR DIRECTORS HIE: DORGE L. RIVERA/MESIG	En Name and Title:		
e number of shares of TICLE V INIT Name and Ti Address	MIAMILE 33196	Evilame and Title:		
e number of shares of strates of strates of shares and Tital Address Name and Tital Shares of s	MALOFFICERS AND/OR DIRECTORS MICHOPAGE L. RIVERA/PLESIE 9331 SW 170 PASSE MIAMI, FL 331916 MIAMI, FL 331916	Evilame and Title:		
Name and To Address Name and Titl Address	MALOFFICERS AND/OR DIRECTORS MICHOPAGE L. RIVERA/PLESIE 9331 SW 170 PASSE MIAMI, FL 331916 MIAMI, FL 331916	Evilame and Title:		

A CONTRACTOR OF STATE

15 110V -2 PH 1: N9

Name and Title:	Name and Title	6.	
Address	Address:		
- , ,,.	***************************************		
ARTICLE VI REGISTERED AGE The name and Florida street addres	ENT § (P.O. Box NOT acceptable) of the registered ag	eent is:	
	L. RNEIA	, Š	erica —
Address: <u>9331 3u</u>	U NO Passage	r r r	_
MAMI	IL 33196	 X	
ARTICLE VII INCORPORATOR		C Sign	
The name and address of the Incorpo	rator is:	prod error	
Name: Jokes	E L. RIVERA	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	STATE OF
Address: 9331	SW MD PASSAGE	Ĭ.	· · · (D
MIAM	1,FC 33186		
ARTICLE VIII EFFECTIVE DAT Effective date, if other than the date of (If an effective date is listed, the date days after the filing.)		PTIONAL) live business days prior or 90 business	
Note: If the date inserted in this bloc the document's effective date on the l	k does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as	
Having been named as registered ag this certificate, I am familiar with an	ent to accept service of process for the above sta Laccept the appointment as registered agent and	ated corporation at the place designated in d agree to act in this capacity	
- Ange C. 1	Signature/Registered Agent	10-28-2015	
/		Duc	
I submit this document and affirm to document to the Department of State	hat the facts stated herein are true. I am aware constitutes a third degree felony as provided for	e that the false information submitted in u in s.817.155, F.S.	
1- 6		10-28-2015 Date	
Required Signature/Incorp	porator	Date	