

12/01/2015 07:01

#39

01/01/2016

P16000005478

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.

(((H16000016460 3)))



H160000164603ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 20 PM 1:09

FILED

****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
ASERE BATIDOS II CORP**

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

2016 JAN 20 PM 5:12

ARTICLES OF INCORPORATION H16000016460
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Asere Batidos II, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3783 E 4th Ave Hialeah FL
33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Gustavo Rodriguez (P)Manuel Robaina (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

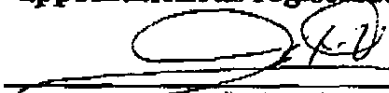
Gustavo Rodriguez3783 E 4th AveHialeah FL 33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Gustavo Rodriguez3783 E 4th AveHialeah FL 33010

H16000016460

H16000016460

Required Signatures:


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



Registered Agent

1/19/16
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.



Incorporator

1/19/16
Date

H16000016460