

P160000008653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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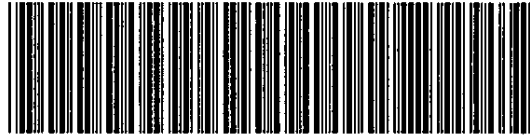
(Business Entity Name)

(Document Number)

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

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FILED  
16 JAN 20 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Guzman FEB 1 - 2016

## COVER LETTER

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

**SUBJECT:** ANDINO LIMITED 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** ALJOVONE R ANDINO

\_\_\_\_\_  
Name (Printed or typed)

1014 WAINRIGHT DR

\_\_\_\_\_  
Address

OVIEDO FL 32765

\_\_\_\_\_  
City, State & Zip

203-224-9090

\_\_\_\_\_  
Daytime Telephone number

TRIUMPHBPT1@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report 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)

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ARTICLE I NAME

The name of the corporation shall be: ANDINO LIMITED INC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

1014 WAINRIGHT DR

OVIEDO FL 32765

Mailing address, if different is:

1014 WAINRIGHT DR

OVIEDO FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOOD DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALJOVONE R ANDINO, PRESIDENT

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

Address 1014 WAINRIGHT DR

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

OVIEDO FL 32765

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: ALJOVONE R ANDINO

Address: 1014 WAINRIGHT DR

OVIEDO FL 32765

**ARTICLE VII INCORPORATOR**

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

Name: ALJOVONE R ANDINO

Address: 1014 WAINRIGHT DR

OVIEDO FL 32765

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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

JANUARY 11, 2016  
\_\_\_\_\_  
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

JANUARY 11, 2016  
\_\_\_\_\_  
Date