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Florida Department of State

Division of Corporations

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Fax Number : (850)617-6381

From:
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Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FLEXIBLE PACKAGING SOLUTIONS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
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COVER LETTER

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

SUBJECT: FLEXIBLE PACKAGING SOLUTIONS, CORP.
(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: WILMER JOSE SAAVEDRA CHACIN
Name (Printed or typed)

5880 COLLINS AVE. APT. 705
Address

MIAMI BEACH, FL 33140-2205
City, State & Zip

786-448-2050
Daytime Telephone number

wilmersaavedra1@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 16 APR 11 AM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: FLEXIBLE PACKAGING SOLUTIONS, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5880 COLLINS AVE. APT. 705
MIAMI BEACH, FL 33140-2205

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO BE DEDICATED TO SUPPORTING IN FLEXIBLE PACKAGING

ARTICLE IV SHARES
The number of shares of stock is: 100 having an individual value of $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilmer Jose Saavedra Chacin PRESIDENT
Address: 5880 COLLINS AVE #705
MIAMI BEACH, FL 33140-2205

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

16 APR 11 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: WILMER JOSE SAAVEDRA CHACIN

Address: 5880 COLLINS AVE. APT. 705

MIAMI BEACH, FL 33140-2205

ARTICLE VII INCORPORATOR

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

Name: ALFREDO E. DIAZ, P.A.

Address: 14930 SW 41ST LN

MIAMI, FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 11, 2016 (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

W Saavedra
_____ 04/08/2016

Required Signature/Registered Agent 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.

_____ 04/11/2016

Required Signature/Incorporator Date

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