

APR/29/2016/FRI 1 39 M

4/29/2016

P16000038046

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.

(((H16000106956 3)))



H160001069563ABC1

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 : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED

16 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 29 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
PIEDRA'S TRAVEL CORP**

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

APR/29/2016/FRI 12:39 PM

FAX No.

P. 002

FILED

16 APR 29 AM 10:48

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (607.01)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be: PIEDRA'S TRAVEL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

380 EAST 9 ST

HIACLEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN RAUL PIEDRA (P)

Name and Title: _____

Address 380 EAST 9 ST

Address: _____

HIACLEAH, FL 33010

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: JUAN RAUL PIEDRA
Address: 380 EAST 9 ST
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN RAUL PIEDRA
Address: 380 EAST 9 ST
HIALEAH, FL 33010

FILED
16 APR 29 AM 10:48
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

04/29/2016

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

04/29/2016

Date