

MAY/17/2016 TUE 12:51 PM

5/17/2016

Division of Corporations

001/003

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
USA PHOTOCANTO INC

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

FILED  
16 MAY 17 PM 1:14  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME** USA PHOTOCANTO INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1855 NW 27 STREET

MIAMI, FL 33142

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TOMAS EDUARDO OCANTO MEJIAS (p) Name and Title: \_\_\_\_\_

Address 1855 NW 27 STREET Address: \_\_\_\_\_

MIAMI, FL 33142

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: TOMAS EDUARDO OCANTO MEJIAS  
Address: 1855 NW 27 STREET  
MIAMI, FL 33142

**ARTICLE VII INCORPORATOR**

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

Name: TOMAS EDUARDO OCANTO MEJIAS  
Address: 1855 NW 27 STREET  
MIAMI, FL 33142

**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

05/17/2016  
\_\_\_\_\_  
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

05/17/2016  
\_\_\_\_\_  
Date

FILED  
10 MAY 17 PM 1:14  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA