

MAY/19/2016/THU 03:29 PM

FAX No

P-001/002

5/19/2016

Division of Corporations

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.

((H16000124386 3)))



H160001243863ABC+

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ISAAC MOVING INC**

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

RECEIVED

16 MAY 19 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/20/16

16 MAY 19 11:51

STATE OF FLORIDA
SECRETARY OF STATE

MAY/19/2016/THU 03:30 PM

FAX No.

P. 002/003

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ISAAC MOVING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1585 NW 124 STREET

MIAMI, FL 33167

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 A. MORALES (P/S/D)

Name and Title: _____

Address 1585 NW 124 STREET

Address: _____

MIAMI, FL 33167

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

MAY/19/2016/THU 03:30 PM

FAX No.

P. 003/003

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 A. MORALES
Address: 1585 NW 124 STREET
MIAMI, FL 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN A. MORALES
Address: 1585 NW 124 STREET
MIAMI, FL 33167

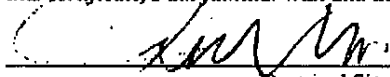
ARTICLE VIII EFFECTIVE DATE:

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

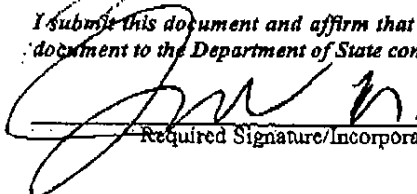


Required Signature/Registered Agent

5/18/16

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.



Required Signature/Incorporator

5/18/16

Date

FILED
DEPT. OF STATE
MAY 19 2016
1610 19 AM 11:51