

06/16/2013

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LAZARUS

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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Account Number : I20000000019
Phone : (305)552-5973
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16 JUN 16 PM 3:44

TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
BAUDEL IV CORP

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

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TALLAHASSEE, FLORIDA

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16 JUN 16 PM 12:15

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**The name of the corporation shall be: BAUDEL IV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street addressCARRERA 22 # 8073BOGOTA-COLOMBIA

Mailing address, if different is:

5931 NW 173 DR STE 9MIAMI, FL 33015**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and All Lawful Business**ARTICLE IV SHARES**

The number of shares of stock is: _____

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Hernan P Lopez (MGRM)

Name and Title: _____

Address

5931 NW 173 DR Ste 9

Address: _____

Miami, FL 33015

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis F. Rosales
Address: 5931 NW 173 DR Ste 9
Miami, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Luis P Rosales
Address: 5931 NW 173 DR Ste 9
Miami, FL 33015


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

06/15/2016

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

06/15/2016

Date

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