

P160000056192

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -7 AM 8:31

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****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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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Marganzo Seafood, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

VH



July 7, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

SUBJECT: MARGANZO SEAFOOD, INC
REF: W16000047412

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Neysa Culligan
Regulatory Specialist II

FAX Aud. #: B16000163064
Letter Number: 516A00014233

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Marganzo Seafood, Inc

16 JUL -7 AM 8:31

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

407 Lincoln Road

Same as principal

Suite 9A

Miami Beach, Florida 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Seafood Importer

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hector Abraham Cervera President

Name and Title: _____

Address 407 Lincoln Road

Address: _____

Suite 9A

Miami Beach, Florida 33139

Name and Title: Adda Solis Treasure

Name and Title: _____

Address 407 Lincoln Road

Address: _____

Suite 9A

Miami Beach Florida 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: 16 JUL -7 AM 8:31
Address: _____ Address: 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: Luis G. Brito
Address: 407 Lincoln Road Suite 9A
Miami Beach, Florida 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hector Abraham Cervera
Address: 407 Lincoln Road Suite 9A
Miami Beach Florida 33139

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.

[Signature]
Required Signature/Registered Agent

7/6/2016
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.

[Signature]
Required Signature/Incorporator

7/6/2016
Date