

JUL/29/2016/FRI 12:00 PM

7/29/2016

FAX N

P. 001/003

P16000062829

Florida Department of State
Division of Corporations
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FLORIDA
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MAJOLICA ENTERPRISE GROUP CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

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

ARTICLE I NAME MAJOLICA ENTERPRISE GROUP CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18651 NW 77 CT

HALEAH, FL 33015

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: Alba Liliana Londono Rodriguez (P)

Name and Title:

Address

18651 SW 77 CT

Address:

HALEAH, FL 33015

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Alba Liliana Londono Rodriguez
Address: 18651 SW 77 CT
HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alba Liliana Londono Rodriguez
Address: 18651 NW 77 CT
HIALEAH, FL 33015

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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

Liliana Londono R.
Required Signature/Registered Agent

07/28/2016
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.

Liliana Londono R.
Required Signature/Incorporator

07/28/2016
Date