

08/09/2016 14:43

01432  
LAZARUS  
Filing Department  
Division of Corporations  
Electronic Filing Cover Sheet

# P16000065643

**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.**

((H16000195265 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

16 AUG -9 PM 12:03  
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FALL MOUNTAIN, FLORIDA

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FALL MOUNTAIN, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION DEDEL & MACHITO USA INC

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

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me 8/10/16

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

H16000195265

**ARTICLE I NAME:** The name of the corporation is:Dedel & Machito USA INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3271 NW 7<sup>th</sup> StreetSuite 103Miami, FL 3312516 AUG -9 PM12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Madeleine Mercedes Saade (P)  
(VP) Humberto Alejandro Martin Garai coechea  
Iago Josue De Oliveira (VP)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Madeleine Mercedes Saade3271 NW 7<sup>th</sup> Street Suite 103Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Madeleine Mercedes Saade3271 NW 7<sup>th</sup> Street Suite 103Miami FL 33125

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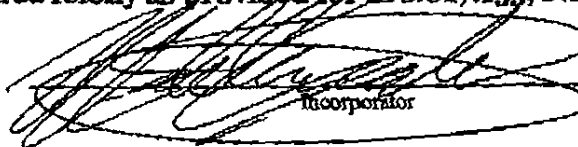
H16000195265

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent Date 8-9-16

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.

  
\_\_\_\_\_  
Incorporator Date 8-9-16

16 AUG -9 PM12:03  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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