

P 16000068637

(Requestor's Name)

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(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Aznarepse & O Company
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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ARTICLES OF INCORPORATION

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

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16 AUG 19 11 40 00

ARTICLE I NAME

The name of the corporation shall be: AZNAREPSE & O COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10609 HAMMOCKS BLVD APT: 116

MIAMI, FL 33196

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: Julio De Jesus Omana Lasala (P)

Name and Title: _____

Address 10609 HAMMOCKS BLVD

Address: _____

APT: 116

MIAMI, FL 33196

Name and Title: Arianny Aznarepse Reveron Parra (V/P)

Name and Title: _____

Address 10609 HAMMOCKS BLVD

Address: _____

APT: 116

MIAMI, FL 33196

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Julio De Jesus Omana Lasala
Address: 10609 HAMMOCKS BLVD APT: 116
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Julio De Jesus Omana Lasala
Address: 10609 HAMMOCKS BLVD APT: 116
MIAMI, FL 33196

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

08/17/2016

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

08/17/2016

Date

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16 AUG 19 PM 4:00