

SEP/16/2016 10:29 PM

9/16/2016

FAX No.

P. 001/003

P16000076573

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H16000230825 3)))



H160002308253ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000145  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MI RINCON TRICOLOR CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
16 SEP 16 PM 1:10  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

09-19-16

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: MI RINCON TRICOLOR CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9335 SW 77th AVE APT: 260

MIAMI, FL 33156

**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: David Davyher Wilmer Ramirez Lozada (P) Name and Title: \_\_\_\_\_

Address 9335 SW 77th AVE Address: \_\_\_\_\_

APT: 260

MIAMI, FL 33156

Name and Title: Dayana Mailene Reinoso Molina (V/P) Name and Title: \_\_\_\_\_

Address 9335 SW 77th AVE Address: \_\_\_\_\_

APT: 260

MIAMI, FL 33156

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

STATE OF FLORIDA  
16 SEP 16 PM 4:50  
COUNTY OF MIAMI

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: David Davyher Wilmer Ramirez Lozada  
Address: 9335 SW 77th AVE APT: 260  
MIAMI, FL 33156

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: David Davyher Wilmer Ramirez Lozada  
Address: 9335 SW 77th AVE APT: 260  
MIAMI, FL 33156


**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.)

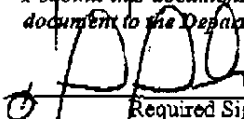
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09/15/2016  
\_\_\_\_\_  
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

09/15/2016  
\_\_\_\_\_  
Date

FILED  
16 SEP 16 PM 4:50  
TALLAHASSEE, FLORIDA