

P/6000077521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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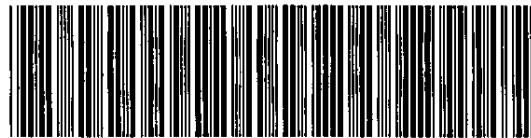
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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→ 09/22/16

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRIBERI TRADING INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Julia Greenberg - Aguilar
Name (Printed or typed)

1 Radisson Plaza, Ste.800
Address

New Rochelle, New York 10801
City, State & Zip

877-330-2677
Daytime Telephone number

scapaldi@inspiraregroup.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: TRIBERI TRADING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1801 W Hills Ave.

Tampa, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We will grow our company through importing and exporting products,
working with the country of China. We are looking to obtain the exclusive rights of items from China, particularly
Chinese alcohol, looking to bring their products to the USA.

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ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silvana Capaldi - President

Name and Title: Vicky Wu - Vicepresident

Address 1801 W Hills Ave.

Address: 25 Deerbrook Trail

Tampa, FL 33606

Scarborough, Ontario M1W 1V3

CANADA

Name and Title: Christina Lopardo - Secretary

Name and Title: Silvana Capaldi - Treasurer

Address 216 Snowdon Ave.

Address: 1801 W Hills Ave.

Toronto, Ontario M4N 2B3

Tampa, FL 33606

CANADA

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: Incorp Services, Inc _____

Address: 17888 67th Court North _____

Loxahatchee, FL 33470 _____

ARTICLE VII INCORPORATOR

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

Name: Anthony Morales _____

Address: 1 Radisson Plaza, Ste. 800 _____

10801 New Rochelle, NY _____

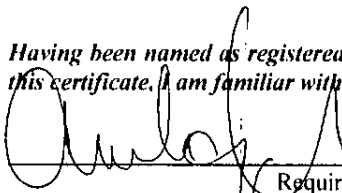
ARTICLE VIII EFFECTIVE DATE:

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

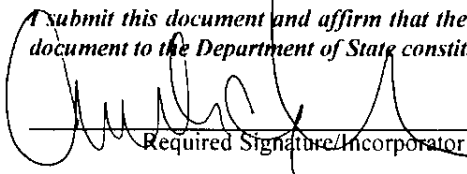


Required Signature/Registered Agent

09/13/2016

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

09/13/2016

Date

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