

P/6000084523

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.

(((H16000258654 3)))



H160002586543ABC4

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000819
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 OCT 19 PM 5:51
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
AGUACATE VERDE CORP**

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

16 OCT 19 PM 2:15
SECRETARY OF STATE

10/20/16

H16000258654

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AGUACATE VERDE CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9880 SW 68 STREET

MIAMI FL 33173

FILED
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
OCT 19 PM 2:15

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ZULENIS ELEONORA URIARTE BARRIOS (P)

9880 SW 68 STREET

MIAMI FL 33173

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

ZULENIS ELEONORA URIARTE BARRIOS

9880 SW 68 STREET

MIAMI FL 33173

ARTICLE VI INCORPORATOR: The name and address of the incorporator is:

ZULENIS ELEONORA URIARTE BARRIOS

9880 SW 68 STREET

MIAMI FL 33173

H16000258654

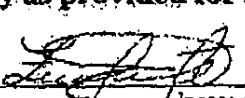
H16000258654

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

 <hr/> Registered Agent	10/18/16 <hr/> 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.

 <hr/> Incorporator	10/18/16 <hr/> Date
--	------------------------

2016 OCT 19 PM 2:15

RECEIVED BY THE SECRETARY OF STATE

H16000258654