bivision of Corporations MAIKO INSURANCE Division of Corporations Division of Corporations Electronic Filing Cover Sheet	20001/0003 Page T (2)2			
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.				
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H1 S0002614813ABCS 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 : MIGUEL TURBAY Account Number : I20160000083 Phone : (305)267-0565 Fax Number 3 : (305)266-3515	Tê oct 21 M <b>e</b> :			
**Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.**	Jre			
Electronic Filing Menu Corporate Filing Menu Help NOV. 0 2 2015 https://efile.sunbiz.org/scripts/efilcovr.exe T. SCOTT	10/22/16			

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

N16000002388-U.S. FOOD SAFETY ASSOCIATION CORPORATION,

The name designated in your document is unavailable because it is the same as  $\varphi$ r not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

P.O BOX 6327 - Tallahassee, Florida 32314

# U.S. FOOD SAFETY ASSOCIATION CORPORATION

Re: Filing N1600002388

Florida Department of State

The board members/officers of the dissolved corporation has no intentions of re-instating the company.

Thank you

Sincerely,

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Luisa M Carbonell Chairman of Board MAIKO INSURANCE



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

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

641 E 6TH STREET

HIALEAH, FL 33010

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GUIDE THE INDUSTRY IN THE MANUFACTURING OF FOODS TO ACHIEVE SAFE PRODUCTS FOR THE

CONSUMERS.

# ARTICLE IV SHARES

The number of shares of stock is: \_\_\_\_\_4

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title		Name and Title	ELAINE CARBONELL, SECRETARY
Address:	641 E 6TH STREET	Address:	641 E 6TH STREET
	HIALEAH,FL 33010		HIALEAH, FL 33010
Name and Title	EDUARDO CARBONELL, VICE PRES		:
Address:	641 E 6TH STREET	Address:	
	HIALEAH,FL 33010		
Name and Title	ELIZABETH CARBONELL, TREAS	Name and Title	:
Address:	641 E 6TH STREET	Address:	
	HIALEAH,FL 33010		

#### \_\_\_\_MAIKO INSURANCE

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### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LUISA M CARBONELL Name:

641 E 6TH STREET Address:

HIALEAH, FL 33010 .

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUISA M CARBONELL Name: 641 E 6TH STREET

Address:

HIALEAH, FL 33010

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

10/17/16 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

10/17/16 Date

\_ MAIKO INSURANCE

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U.S. FOOD SAFETY ASSOCIATION CORPORATION

Re: Filing N1600002388

Florida Department of State

The board members/officers of the dissolved corporation has no intentions of re-instating the company.

Thank you

Sincerely,

una M. Carbonell

Luisa M Carbonell Chairman of Board

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