

NOV/09/2016/WED 10:29 AM

FAX No.

P. 001

11/4/2016

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

P160002730063

Honor
Date

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Attn: Daniel
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15 NOV - 9 AM 9:48

FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDA BARON INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

NOV 10 2016

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

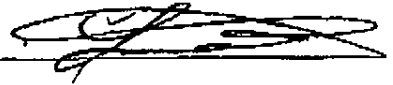
Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, LUIS GUILARTE who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the Manager of FLORIDA BARON LLC a Florida corporation, filed with the Florida Department of State on MAY 7th, 2015.
2. The undersigned hereby consents to and authorizes the use of the name FLORIDA BARON INC to LUIS GUILARTE for the purpose of Incorporating a new entity.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

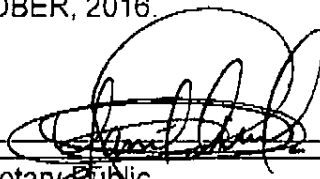
FURTHER AFFIANT SAYETH NAUGHT.

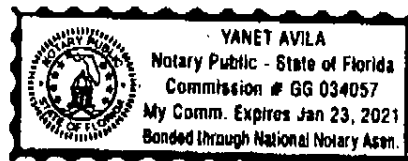

 LUIS GUILARTE

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, LUIS GUILARTE who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 24 day of OCTOBER, 2016


 Notary Public



ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FLORIDA BARON INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

4845 NW 7TH ST APT: 207MIAMI, FL 33126**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS GUILARTE (P)

Name and Title: _____

Address

4845 NW 7TH ST

Address: _____

APT: 207MIAMI, FL 33126Name and Title: BIENVENIDO ACOSTA (V/P)

Name and Title: _____

Address

10 NW 87TH AVE

Address: _____

APT: B-216MIAMI, FL 33172

Name and Title: _____

Name and Title: _____

Address

Address: _____

16 NOV - 9 AM 9:40

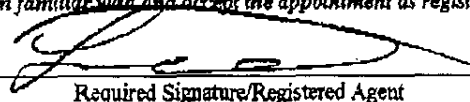
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LUIS GUILARTEAddress: 4845 NW 7TH ST APT: 207MIAMI, FL 33126**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: LUIS GUILARTEAddress: 4845 NW 7TH ST APT: 207MIAMI, FL 33126**ARTICLE VIII EFFECTIVE DATE:**

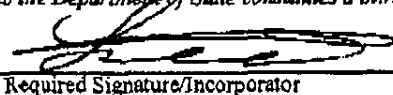
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

Date

11/3/16*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

Date

11/3/16