

P/600009/347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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11/14/16--01032--014 **70.00

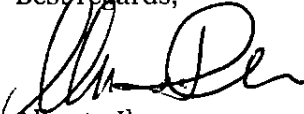
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV 14 PM 2:15

11/16/16

To whom it may concern,

I have no intention of reinstating the corporation P15000071043.

Best regards,



Alberto Iber

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2016 NOV 16 PM 2:15

COVER LETTER

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

SUBJECT: IBER INVESTMENTS 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Alberto Iber
Name (Printed or typed)
422 sw 200 terr
Address
Pembroke Pines, FL 33029
City, State & Zip
954-662-5114
Daytime Telephone number
iber.inv@gmail.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: IBER INVESTMENTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

422 sw 200 terr.

Pembroke Ines, FL 33029

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Iber, President

Name and Title: Karina Iber, Vice-President

Address 422 sw 200 terr

Address: 422 sw 200 terr.

Pembroke Pines, FL 33029

Pembroke Pines, FL 33029

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Alberto Iber
Address: 422 sw 200 terr
Pembroke Pines, FL 33029

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ARTICLE VII INCORPORATOR

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

Name: Alberto Iber
Address: 422 sw 200 terr
Pembroke Pines, FL 33029

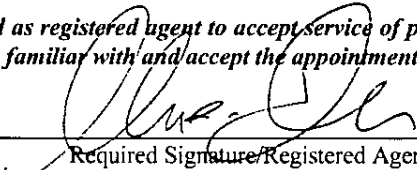
ARTICLE VIII EFFECTIVE DATE:

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.)

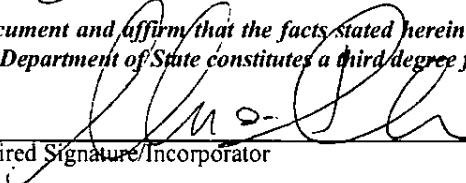
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/2/16
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

11/2/16
Date