## 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.

(((H16000288375 3)))



H160002883753ABC7

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 : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

rax number . (Jes)

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDIAN OUTDOOR ADVENTURES INC

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

Electronic Filing Menu

Corporate Filing Menu

Helm. BURCH

NOV 23 2016

H16000288375

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Floridian Outdoor Adventures in
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  6421 5 W 23 5+
Miami F1. 33155
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<u>Fernando Alejandro Quinones</u>
の。 で、 で、 さ>
ADMINITER A TEMPLAT DESCRIPTION ASSESSMENT AND STREET ADDRESS.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Plorida street address (PO Box not acceptable) of the registered agent is:
Fernando Alejandro Quinones
6421 SW 23 S+
Miami FL 33155
ADMINISTER AND ADMINISTER AND THE STATE OF T
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  FERROMO Alejandro Quinones
6421 SW 23 ST
Miami FL 33155

N16000238375

## 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 consistered agent and agree to act in this capacity

Registered Agent

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 5.817.155, F.S.

Incorporator

Detr

H16000288375