

PI6 000095 802

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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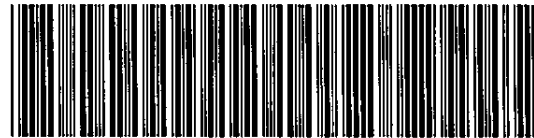
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE  
STATE  
16 NOV 28 PM 5:50

M. MOON  
NOV 28 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

16 NOV 28 PM 3:51

November 10, 2016

JUAN L MERCADO  
11369 SW 109 RD, UNIT Y  
MIAMI, FL 33176

SUBJECT: PERUVIAN HAND WEAVING CORP  
Ref. Number: W16000076584

We have received your document for PERUVIAN HAND WEAVING CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 416A00024272

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SECRETARY OF STATE  
16 NOV 28 PM 5:50  
FLORIDA

## COVER LETTER

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

SUBJECT: PERUVIAN HAND WEAVING CORP.

(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: JUAN L MERCADO

Name (Printed or typed)

11369 SW 109th. UNIT "Y"

Address

MIAMI FLORIDA 33176

City, State & Zip

(786) 468 1254

Daytime Telephone number

JLUISM@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 28 PM 5:50

**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: PERUVIAN HAND WEAVING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11369 SW 109th UNIT "Y"  
MIAMI FLORIDA 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JUAN L. MERCADO (PRESIDENT) Name and Title: \_\_\_\_\_

Address 11369 SW 109th UNIT "Y" Address: \_\_\_\_\_  
MIAMI FLORIDA 33176

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 23 PM 5:50

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: JUAN L. MERCADO

Address: 11369 SW 109th UNIT "Y"  
MIAMI FLORIDA 33176

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TALLAHASSEE, FLORIDA

16 NOV 28 PM 5:50

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN L. MERCADO

Address: 11369 SW rd. UNIT "Y"  
MIAMI FLORIDA 33176

**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 days prior or 90 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*

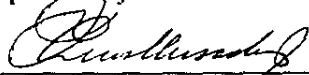


Required Signature/Registered Agent

11/01/16

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

11/01/16

Date