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C. GOLDEN

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COVER LETTER

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

SUBJECT: AM	IERICAN EXPORT 16, CORP					
SOBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:			
₩ \$70.0 Filing Fo		□ \$78.75 Filing Fee & Certified Copy				
		ADDITIONAL CO				
FROM		(Printed or typed)				
8400 NW 36TH ST STE 450						
	P	Address	2016 DEC SECRELARA			
	DORAL, FL 33166		· · · · · · · · · · · · · · · · · · ·			
City, State & Zip						
	305.803.8471		FH 1: 2			
	Daytime To	elephone number	<u> </u>			
	CLIENT@PINEAPPLEACCOUNTING					
	E-mail address: (to be used	for future annual report i	notification)			

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

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

FILED

ARTICLE I NAME The name of the corporati	on shall be:	PORT 16, CORP		2016 DEC -5 PH 1: 2
ARTICLE II PRINCE 18113 NW 74TH CT	IPAL OFFICE Principal street address		18113 NV	Mailing address; if different is: 17, 21/11
MIAMI LAKES, FL 330	015		MIAMI I	AKES, FL 33015
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is:	ANY AND ALL L	AWFUL B	USINESS.
ARTICLE V INITIA	SS 10,000 stock is: LOFFICERS ANDIOR DIRI JULIO C JIMENEZ SILVA	<u>ECTORS</u>		IOSE M DEDEZ ITHODIZA VOID
Name and Title	: 18113 NW 74TH CT	Nam Add		JOSE M PEREZ ITURRIZA - VP/D 18113 NW 74TH CT
	MIAMI LAKES, FL 33015			MIAMI LAKES, FL 33015
Name and Title:				·
		Nam		•
Address		Add	ress:	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptabe PINEAPPLE ACCOUNTING 8400 NW 36TH ST STE 450 DORAL, FL 33166	le) of the registered agent is:	2016 DEC -5 PH
ARTICLE VII	INCORPORATOR		PH I: 2
The name and a	address of the Incorporator is:		⇒
Name:	JULIO CESAR JIMENEZ SILVA		
Address:	18113 NW 74TH CT		
	MIAMI LAKES, FL 33015		
Effective date, i (If an effective filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and content in this block does not meet the application of the date on the Department of State's reconstruction.	annot be more than five days table statutory filing requiremen	prior or 90 days after the
Having been na this certificate, l	med as registered agent to accept service of pr I am familiar with and accept the appointment of	ss registered agent and agree to	act in this capacity 12/05/2016
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated hereing Department of State constitutes a third degree		
			12/05/2016
Requ	uired Signature/Incorporator		Date