

P17000004075

**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.

(((H17000013047 3)))



H170000130473ABCX

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 : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
DONSIFO DISTRIBUTORS INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

V HERRING
JAN 17 2017

FILED

2017 JAN 13 PM 12:45

STATE OF FLORIDA
TALLAHASSEE

170000130473

H17000013047
FILED**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

2017 JAN 13 PM 12:45

ARTICLE I NAME: The name of the corporation is HELLANASSEE, FLORIDADONSIFO DISTRIBUTORS INC. S**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 14216 SW 44th St Miami, FL 33175M: P O Box 835391, Miami, FL 33283**ARTICLE III SHARES:** The number of shares of stock is: _____**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GRETCHEN SIFONTES (P)JUAN SIFONTES (VP)MIGUEL A. SIFONTES (S)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Gretchen Sifontes14216 SW 44th STMiami FL 33175**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Gretchen Sifontes14216 SW 44th STMiami FL 33175

H17000013047

H17000013047

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 registered agent and agree to act in this capacity

Gretchen Sifontes 1/13/2017
Registered Agent 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.

Gretchen Sifontes 1/13/2017
Incorporator Date

FILED
2017 JAN 13 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000013047