

3/2

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PALLETS AND SERVICES COMPANY**

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

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TALLAHASSEE FLORIDA

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PALLETS AND SERVICES COMPANY**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8000 WEST 26 AVEHIALEAH, FL 33016**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Hector Augusto Serrano Fajardo (P)

Name and Title: _____

Address 8000 WEST 26 AVE

Address: _____

HIALEAH, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Hector Augusto Serrano Fajardo
Address: 8000 WEST 26 AVE
HIALEAH, FL 33016

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Hector Augusto Serrano Fajardo
Address: 8000 WEST 26 AVE
HIALEAH, FL 33016

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

②

Required Signature/Registered Agent

03/01/2017

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.

②

Required Signature/Incorporator

03/01/2017

Date