

P17000034828

Florida Department of State
Division of Corporations
Montgomery Center Suite 200
Tallahassee, Florida 32399-0001

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.

((H17000104586 3)))



H170001045863ABC%

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)220-1440

****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
HERMANOS PAREDES CORP**

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

17 APR 17 PM 3:38

LAZARUS CORPORATE FILING SERVICE

04/18/17

H17000104586

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Hermanos Paredes corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1078 NW 100 TerMiami FL 33150**ARTICLE III SHARES:** The number of shares of stock is. 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Carlos Manuel Paredes Gonzalez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Carlos Manuel Paredes Gonzalez1078 NW 100 TerMiami FL 33150**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Carlos Manuel Paredes Gonzalez1078 NW 100 TerMiami FL 33150

H17000104586

H17000104586

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

CARLOS DAVIDES

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.

CARLO PAREDES

Incorporator

Date

H17000104586