

MAY/09/2017/TUE 01:17 PM

FAX No.

P. 001/003

**P17 000041783**

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.**

((H17000127111 3)))



H170001271113ABCV

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*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  
DUROLAT TRADING USA CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 10 2016

T. SCOTT

RECEIVED  
AND  
FILED

17 MAY -9 AM 8:46

17 MAY -9 PM 1:33

DEPT OF STATE  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

**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: DUROLAT TRADING USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

9807 NW 80 AVEBAY 11-KMIAMI LAKES, 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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN LATORRE (P/D)

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

Address

9807 NW 80 AVE

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

BAY 11-KMIAMI LAKES, FL 33016Name and Title: AMERICA RON MCSPADEN (V/D)

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

Address

9807 NW 80 AVE

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

BAY 11-KMIAMI LAKES, FL 33016

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

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

Address

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

17 MAY -9 AM 8:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDAAPPROVED  
AND  
FILED

MAY/09/2017/TUE 01:24 PM

FAX No.

P. 003/003

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: AMERICA RON MCSPADDEN  
Address: 9807 NW 80 AVE BAY 11-K  
MIAMI LAKES, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN LATORRE  
Address: 9807 NW 80 AVE BAY 11-K  
MIAMI LAKES, 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*

\_\_\_\_\_  
Required Signature/Registered Agent

5/9/17  
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

5/9/17  
Date