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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/02/17

COVER LETTER

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

SUBJECT: CUSTOM PET INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Juan S Ochoa
Name (Printed or typed)

3325 Lucerne Park Dr
Address

Greenacres, FL 33467
City, State & Zip

407-371-4951
Daytime Telephone number

j.ochoa@custom-pet.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME CUSTOM PET INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
CALLE 71 # 72 - 33 _____
BOGOTA, COLOMBIA _____

ARTICLE III PURPOSE Commercialize and sell Colombian products purchased, and / or
The purpose for which the corporation is organized is: _____
manufactured, and / or processed, and resulting from excesses of industrial processes of meat materials and their sub-products.
Execute all types of legal acts or businesses with direct, indirect or related relation in the development of its purpose.

ARTICLE IV SHARES 300
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Julian Redondo - General Manager	Name and Title:	Juan S Ochoa - Marketing Manager
Address	CALLE 71 # 72 - 33	Address:	3325 Lucerne Park Dr
	BOGOTA, COLOMBIA		Greenacres, FL 33467
	_____		_____

Name and Title:	Juan Penaranda - Production Manager	Name and Title:	_____
Address	CALLE 71 # 72 - 33	Address:	_____
	BOGOTA, COLOMBIA		_____
	_____		_____

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

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: Juan S Ochoa
 Address: 3325 Lucerne Park Dr
Greenacres, FL 33467

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan S Ochoa
 Address: 3325 Lucerne Park Dr
Greenacres, FL 33467

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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

Juan Ochoa
 Required Signature/Registered Agent

May 24 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.

Juan Ochoa
 Required Signature/Incorporator

May 24 2017
 Date