

6/31/2017

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****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
TRADE MAX CORP**

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

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DIVISION OF CORPORATIONS
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D. O'KEEFE

JUN 02 2017



June 1, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS

SUBJECT: TRADE MAX CORP
REF: W17000046183

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000147017
Letter Number: 617A00010956

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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: TRADE MAX CORP

ARTICLE II. PRINCIPAL OFFICE

Principal ~~first~~ address:

Mailing address, if different is:

1880 S TREASURE DR, UNIT 2D

NORTH BAY VILLAGE, FL 33141

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV. SHARES 1000
The number of shares of stock is: 1000

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: VPSTD

Address: MARIELYS ANDREINA NEIRA VERA

Address: ATHEIREMY OCANDO

1880 S TREASURE DR, UNIT 2D

1880 S TREASURE DR, UNIT 2D

NORTH BAY VILLAGE, FL 33141

NORTH BAY VILLAGE, FL 33141

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: BARINAS AND ASSOCIATES INC.
Address: 5701 NW 36 ST
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIELYS ANDREINA NEIRA VERA
Address: 1880 S TREASURE DR. UNIT 2D
NORTH BAY VILLAGE, FL 33141

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 business days prior or 90 business 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

05/18/2017

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 § 812.155, F.S.

Required Signature Incorporator

05/18/2017

Date

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