

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.

((H17000193488 3)))



H170001934883ABC8

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)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

17 JUL 24 PM 4:57

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
IMPORTACION S&F INC

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

17 JUL 24 PM 4:57

17 JUL 24 AM 8:46

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 25 2016

F. SCOTT

H17000193488

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:IMITACION S8F inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

230 SE 29 Ave #9 Homestead33033 FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Freddy Jose Maldonado Castellanos (P)2**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

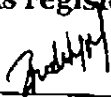
Freddy Jose Maldonado Castellanos230 SE 29 AVE #9Homestead FL 33033**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Freddy Jose Maldonado Castellanos230 SE 29 AVE #9Homestead FL 33033

H17000193488

H17000193488

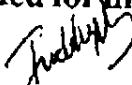
Required Signatures:

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



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.



Incorporator_____
Date

H17000193488