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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
URONORTH INVESTMENTS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

N. SAMS

DEC 21 2017

December 11, 2017

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

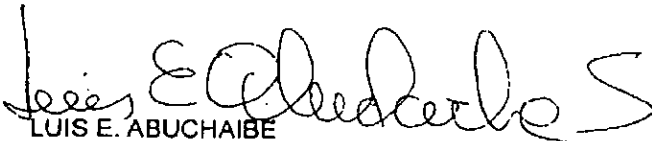
RE: URONORTH INVESTMENTS, CORP.
Document Number: P16000075097

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To whom it may concern:

Please be advised that due to an error in the original filing, we did not choose the correct effective date of 01/01/2017 as had been decided, therefore we forgot to renew the above and it was administratively dissolved.

We do NOT intend to reinstate the above and hereby relinquish the name and the right to do so.


LUIS E. ABUCHAIBE
President

COVER LETTER

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

SUBJECT: URONORTH INVESTMENTS, CORP.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PADRON & ASSOCIATES INC

Name (Printed or typed)

2095 W 76TH ST - SUITE 102

Address

HIALEAH, FL 33016

City, State & Zip

305-818-0404

Daytime Telephone number

RALPH@RALPHPADRON.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Proll:)

ARTICLE I NAMEThe name of the corporation shall be: URONORTH INVESTMENTS, CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8004 NW 154TH STSUITE 251MIAMI 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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ABUCHAIBE, LUIS E - PTDName and Title: GOMEZ, LAURA M - VPSPAddress 8004 NW 154TH STAddress: 8004 NW 154TH STSUITE 251SUITE 251MIAMI LAKES, FL 33016MIAMI LAKES, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PADRON & ASSOCIATES INC
Address: 2095 W 76TH ST - SUITE 102
HIALEAH, FL 33016

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RAFAEL M. PADRON
Address: 2095 W 76TH ST - SUITE 102
HIALEAH, FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2018 (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:

12/11/2017

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.

Required Signature/Incorporator

12/11/2017

Date

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE