

P1800042428

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.

((H18000146929 3)))



H180001469293ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page 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

2018 MAY 10 PM 4:57

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
USA MERCHANT DISTRIBUTOR**

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

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

MAY 11 2018

FILED
2018 MAY 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

USA Merchant Distributor Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2630 W 6 St
Hialeah FL 33010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 10 AM 11:29

FILED

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Gabriel Jorge Galiano Gomez
(President)

Luis Padilla Prieto
(Vice President)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Gabriel Jorge Galiano Gomez
2630 W 6 St
Hialeah FL 33010

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Gabriel Jorge Galiano Gomez
2630 W 6 St
Hialeah FL 33010


H18000146929

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

 04/30/18
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 8.817.155, F.S.

 04/30/18
Incorporator Date

FILED
2018 MAY 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000146929