

PR000015247

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
CABANES & SON, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 16 PM 1:28

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K. PAGE

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: CABANES & SON, INC..

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11430 SW 49TH TERRACE

MIAMI, FL 33165

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE CABANES PEREZ (P)

Name and Title: _____

Address

11430 SW 49TH TERRACE

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: JORGE CABANES PEREZ
Address: 11430 SW 49TH TERRACE
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE CABANES PEREZ
Address: 11430 SW 49TH TERRACE
MIAMI, FL 33165

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

 _____
Required Signature/Registered Agent

05/16/2018
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

05/16/2018
Date