

**PL8000052711**

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.

((H18000177185 3)))



H180001771853ABC5

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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUN 13 AM 10:47

FILED

\*\*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  
TWINOXIDE-AMERICA INC.**

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

RECEIVED

2018 JUN 13 PM 2:18

FLORIDA  
COMMERCIAL  
SERVICES

JUN 14 2018  
C Kinsey

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** TWINOXIDE-AMERICA INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

40 SW 8th AVE

SAME

MIAMI, FL 33130

**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: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BENJAMIN MATOS (P/D)

Name and Title: \_\_\_\_\_

Address 40 SW 8th AVE

Address: \_\_\_\_\_

MIAMI, FL 33130

Name and Title: JEREMIAS MATOS (V/D)

Name and Title: \_\_\_\_\_

Address 40 SW 8th AVE

Address: \_\_\_\_\_

MIAMI, FL 33130

Name and Title: DANIEL B. MATOS (S/D)

Name and Title: \_\_\_\_\_

Address 40 SW 8th AVE

Address: \_\_\_\_\_

MIAMI, FL 33130

18 JUN 13 AM 10:47  
 SECRETARY OF STATE  
 MIAMI, FLORIDA

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: BENJAMIN MATOS  
Address: 40 SW 8th AVE  
MIAMI, FL 33130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BENJAMIN MATOS  
Address: 40 SW 8th AVE  
MIAMI, FL 33130

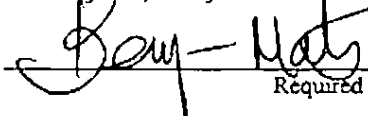
**ARTICLE VIII EFFECTIVE DATE:**

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.

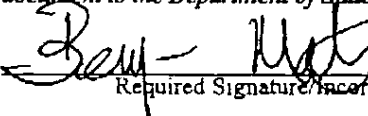
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

JUNE 12, 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

JUNE 12, 2018

\_\_\_\_\_  
Date