P18000097729

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.

(((H18000340188 3)))

H18000340188ABC0

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MAS FRIO IMPORT CA CORP.

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

FILED
18 NOV 30 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

November 30, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: MAS FRIO IMPORT CA CORP.
REF: W18000103810

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6050.

Laura A Wilson
OPS
Amendment Section

FAX Aud. #: H18000340188
Letter Number: 818A00024488

FILED
18 NOV 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Mas Frio Import CA Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8900 NW 107 th ct unit 105
building 3 DORAL Fl. 33178

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Nolberto Jose Mejia Barboza (P)

FILED
18 NOV 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Nolberto Jose Mejia Barboza
8900 NW 107 th ct unit 105
building 3 DORAL Fl 33178

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

Nolberto Jose Mejia Barboza
8900 NW 107 th ct unit 105
building 3 DORAL Fl 33178

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 _____