

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P19000027887

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H190001060463ABC

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To:

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

From:

Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (305)595-1252
Fax Number : (305)255-2729

****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
PIEDRA FINA SALES CORP**

Certificate of Status		1
Certified Copy		0
Page Count		01
Estimated Charge		\$78.75

COVER LETTER

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

SUBJECT: PIEDRA FINA SALES 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: DENIS L. PIEDRA

Name (Printed or typed)

1510 SW 127 CT

Address

MIAMI, FL 33184

City, State & Zip

786 419 1338

Daytime Telephone number

2020TAXDATA@GMAIL.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. (Profit)

ARTICLE I NAME

The name of the corporation shall be: PIEDRA FTNA SALES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1510 SW 127 CT

MIAMI, FL 33184

Mailing address, if different is:

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: DENIS L PIEDRA

Address: 1510 SW 127 CT

MIAMI, FL 33184

Name and Title: PRESIDENT

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: JNNAZ PRO SERVICE INC
Address: 13501 SW 128TH ST SUITE 217
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JNNAZ PRO SERVICE INC
Address: 13501 SW 128TH ST SUITE 217
MIAMI, FL 33186

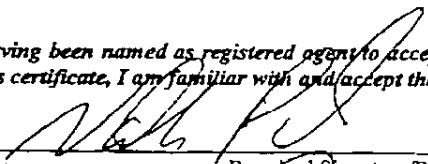
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/30/2019 (OPTIONAL)

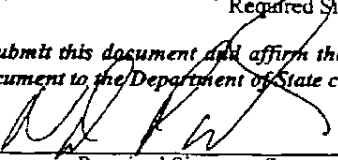
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	03/30/2019
Required Signature/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.

	03/30/2019
Required Signature/Incorporator	Date