

4/2/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
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# P1900028639

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To:

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

From:

Account Name : FANJUL CPA, INC.  
Account Number : 120130000039  
Phone : (305)244-0769  
Fax Number : (877)503-6086

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FLORIDA GLADIATOR CORP**

Certificate of Status	0
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**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: FLORIDA GLADIATOR CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address5940 SW 2ND TERMIAMI, FL 33144

Mailing address, if different is:

5940 SW 2ND TERMIAMI, FL 33144**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARIEL VARAS CONDE-P

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

Address

5940 SW 2ND TER

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

MIAMI, FL 33144Name and Title: ARIEL DE JESUS VARAS-VP

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

Address

5940 SW 2ND TER

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

MIAMI, FL 33144

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

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

Address

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

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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: ARIEL VARAS CONDEAddress: 5940 SW 2ND TERMIAMI, FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ARIEL VARAS CONDEAddress: 5940 SW 2ND TERMIAMI, FL 33144**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 Agent4/2/19  
\_\_\_\_\_  
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/Incorporator4/2/19  
\_\_\_\_\_  
Date