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Note: Please print this page and use it as a cover sweet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : AT PLUS CORP Account Number : 12014000068 : (305)406-3860 Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emmil Address:

FLORIDA PROFIT/NON PROFIT CORPORATION FERCOR INC

Certificate of Status	6
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

Faxed 4/25/19

K. PAGE

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared FERNANDO CORREA, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is also the sole Director and the President of FERCOR INC, a Florida corporation to be filed with the Florida Department of State on or about April 25, 2019.
- 2. The undersigned hereby consents to and authorizes the use by FERCOR INC, of the name FERCOR INC.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLOR(DA)
SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me. Fernando Correa, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official scal this 25 th day of April 2019.

STEPHANIE MARTINEZ

Notary Funito - State of Florida

Commission F GG 276107

My Comm. Expires May 15, 2022

Borded through National Netary Assn.

Notary Public Signature

COVER LETTER

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

SUBJECT: FÉRCO	DR INC		
Schenes	(PROPOSED CORPORA	ATE NAME – <u>MUST INCU</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.90 Filing Fee		Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	TEPHANIE MARTINEZ Naix	ne (Printed or typed)	
. 81	80 NW 36 ST SUITE 406		
		Address	
De	ORAL FE 33166		
	City	v, State & Zip	99.9—49.99-9-
30)5-406-3800		
	Daytime	Telephone number	
A	TPLUS@LIVE.COM		
	E-mail address: (to be us	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 60? and/or Chapter 621, F.S. (Profit)

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Name an	d Title:	Name and Title:	
Address		Ad dre ss:	
ARTICLE VI	REGISTERED AGENT forida street address (P.O. Box NOT acce	rable) of the registered paem is:	
Name:	FERNANDO CORREA		
Address:	1281 W FLAGLER ST		
yamrss.	MIAMI FL 33135		
	INCORPORATOR ddress of the Incorporator is:		
Name:	FERNANDO CORREA		
Address:	1281 W FLAGLER ST		
	MIAMI L 33135		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i (If an effective filing.)	f other than the date of filing:date is listed, the date must be specific 2	id cannot be more than five days prior or 90 day	ys after
Note: If the day	e inserted in this block does not meet the a effective date on the Department of State's	opticable stantory filing requirements, this date will records.	ll not be
		of process for the above stated corporation at the p ent as registered agent and agree to act in this cape	
Carren	Loss Commence	04//25/20	119
J	Required Signature/Registered A	Scot	Date
		erein are true. I am aware that the false informat gree felony as provided for in s.817.155; F.S.	tion subr
	uired Signature/Incorporator		
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