

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

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

**From:**

Account Name : JULIO MORAN MULTI-SERVICES, CORP  
Account Number : 120190000059  
Phone : (305) 643-3922  
Fax Number : (305) 643-3211

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 AUG 21 AM 9:50

**\*\*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**  
**OUTLET IMPORTS USA, CORP**

Certificate of Status	0
Certified Copy	1
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:** OUTLET IMPORTS USA 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:** OUTLET IMPORTS USA CORP

Name (Printed or typed)

109 SE 1 STREET

Address

MIAMI, FL 33131

City, State & Zip

786-538-2221

Daytime Telephone number

OUTLETIMPORTSUSA@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: OUTLET IMPORTS USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address109 SE 1 STREET

Mailing address, if different is:

SAMEMIAMI, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ELECTRONIC SALES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN C. CUNDA - PRESIDENT

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

Address

109 SE 1 STREET

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

MIAMI, FL 33131

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

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

Address

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

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

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

Address

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: JUAN C. CUNDA  
Address: 109 SE 1 STREET  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN C. CUNDA  
Address: 109 SE 1 STREET  
MIAMI, FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: AUGUST 20, 2019

(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*

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

08-21-2019  
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.*

X \_\_\_\_\_  
Required Signature/Incorporator

08-21-2019  
Date

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TALLAHASSEE, FL