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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-6413
Fax Number : (954) 432-6807

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

Email Address: PLUZQUINOS1@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
ELECTRONIC IMPORT 21 INC

Certificate of Status	0
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Page Count	01
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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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21, 11/15/2019

COVER LETTER

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

SUBJECT: ELECTRONIC IMPORT 21 INC

(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: FADI, HINTEDE YOUNESE

Name (Printed or typed)

5711 NW 112TH AVE APT 203

Address

DORAL, FL 33178

City, State & Zip

(754) 307-4708

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

H190003357213

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: ELECTRONIC IMPORT 21 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5711 NW 112TH AVE APT 203

Mailing address, if different is:

DORAL, FL 33178

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FADI, HINIEDE YOUNESE (P)

Name and Title: _____

Address: 5711 NW 112TH AVE APT 203

Address: _____

DORAL, FL 33178

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

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FADI, HINIEDE YOUNESE
Address: 5711 NW 112TH AVE APT 203
DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FADI, HINIEDE YOUNESE
Address: 5711 NW 112TH AVE APT 203
DORAL, FL 33178

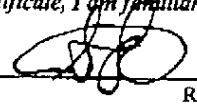
ARTICLE VIII EFFECTIVE DATE:

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 Agent

11/15/2019

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.



Required Signature/Incorporator

11/15/2019

Date

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