

2/11/2020

P200 0001 4495

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H20000048211 3)))



H200000482113ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RODRIGUEZ R. & CO. LLC
Account Number : I20180000052
Phone : (305)496-8203
Fax Number : (786)496-9445

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

Email Address: info@rodriguezr.com

FILED
20 FEB 18 PM 3:07
RECEIVED
2020 FEB 18 AM 10:57
ADJUTANT
GENERAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
ALL PRINT CORP

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

2nd Request / Original Fax sender

Electronic Filing Menu

Corporate Filing Menu

Help

(H200000482113)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: ALL PRINT CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

999 BRICKELL BAY DR APT # 1909MIAMI, FLORIDA 33131**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: MAGDAMAR AMALIA CONTRERAS RONDON Name and Title: PRESIDENTAddress: 999 BRICKELL BAY DR APT # 1909

Address:

MIAMI, FLORIDA 33131

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

FILE
20 FEB 18 PM 3:07
SHIRLEY A. CONTRERAS
TAL AMARAL CONTRERAS

(H200000482113)

(H200000482113)

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: Raul Rodriguez
Address: 8200 NW 41TH STREET SUITE # 200
DORAL, FLORIDA 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: RAUL RODRIGUEZ
Address: 8200 NW 41TH STREET SUITE # 200
DORAL, FLORIDA 33166

FILED
20 FEB 18 PM 3:07
TALLAHASSEE, FLORIDA

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

Raul Rodriguez
Required Signature/Registered Agent

02/11/2020
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.

Raul Rodriguez
Required Signature/Incorporator

02/11/2020
Date

(H200000482113)