

5/18/2020

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

Division of Corporations

P2000036761
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: dlamadr@lamadrfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PEMON USA INC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

2020 MAY 19 AM 8:12

FILED

2020 MAY 19 PM 3:06
TALLAHASSEE, FL
SECRETARY OF STATE

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: PEMON USA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: HUMBERTO TOLEDO
Name (Printed or typed)
5936 NW 47TH TERRACE
Address
COCONUT CREEK, FL 33073
City, State & Zip
(754) 802-0714
Daytime Telephone number
humbertotoledo05@gmail.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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 PEMON INC

ARTICLE II PRINCIPAL OFFICE

5936 NW 47TH TERRACE
COCONUT CREEK, FL 33073

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GERARDO ALVAREZ

Name and Title: PRESIDENT

Address AV. HERIBERTO ENRIQUEZ N.39
INTERIOR 5 COLONIA REAL DE
SAN JAVIER - MEXICO

Address:

Name and Title: KARIN CABRERA

Name and Title: PRESIDENT

Address 5475 ENCLAVE CROSSING WAY
APT C4
DELRAY BEACH, FL 33484

Address:

Name and Title: HUMBERTO TOLEDO

Name and Title: PRESIDENT

Address 5936 NW 47TH TERRACE
COCONUT CREEK, FL 33073

Address:

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TALLAHASSEE, FL

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4200001475273

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: LAMADRID FINANCIAL SERVICES CORP
Address: 1267 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HUMBERTO TOLEDO
Address: 5936 NW 47TH TERRACE
COCONUT CREEK, FL 33073

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TALLAHASSEE, FL

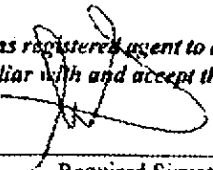
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/18/2020 (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

05/18/2020

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.

Humberto Toledo

Required Signature/Incorporator

05/18/2020

Date