

10/1/2020

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

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

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
ELFO USA CORP

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

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Corporate Filing Menu

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October 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ELFO USA CORP
REF: W20000113470

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: E20000341898
Letter Number: 120A00019103

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: ELEO USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
11601 NW 107 STREET
MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORT/EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISAAC MORALES / PRESIDENT Name and Title: _____

Address 11601 NW 107 STREET Address: _____
MIAMI, FL 33172

Name and Title: JOSE DOMINGUEZ VICE PRESIDENT Name and Title: _____

Address 11601 NW 107 STREET Address: _____
MIAMI, FL 33172

Name and Title: JOHN STEVE EUSTOS SANDOVAL DIRECTOR Name and Title: _____

Address 11601 NW 107 STREET Address: _____
MIAMI, FL 33172

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: MIGUEL A HERNANDEZ C.P.A.

Address: 8500 WEST FLAGLER ST STE B-208
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISAAC MORALES

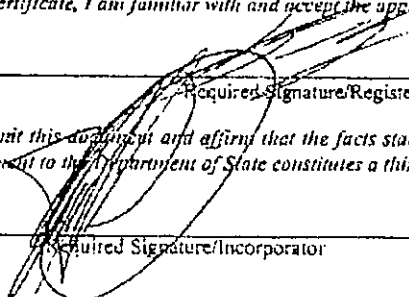
Address: 11601 NW 107 STREET
MIAMI, FL 33172

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

9/22/2020

 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.

 Required Signature/Incorporator

09/22/20

 Date