

P20000092111Florida 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 : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-9413
Fax Number : (954) 432-9807

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

Email Address: PLUZQUINOS@HOTMAIL.COMFLORIDA PROFIT/NON PROFIT CORPORATION
DISTRIBUIDORA SECO CORP

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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2020 DEC -2 AM 10:12

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COVER LETTER

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

SUBJECT: DISTRIBUIDORA SECO 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: CHAKOUR, ANTONIO A.

Name (Printed or typed)

4580 NW 107TH AVE SUITE 106

Address

MIAMI, FL 33178

City, State & Zip

(954) 655-8413

Daytime Telephone number

antoniochakour@hotmail.com

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

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

H200004114813

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: DISTRIBUIDORA SECO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4580 NW 107TH AVE SUITE 106

MIAMI, FL 33178

Mailing address, if different is:

4580 NW 107TH AVE SUITE 106

MIAMI, 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: CHAKOUR, ANTONIO A. (P)

Address

4580 NW 107TH AVE SUITE 106

MIAMI, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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: CHAKOUR, ANTONIO A.
Address: 4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CHAKOUR, ANTONIO A.
Address: 4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

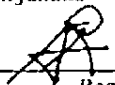
ARTICLE VIII EFFECTIVE DATE:

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

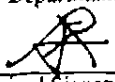


Required Signature/Registered Agent

12/01/2020

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

12/01/2020

Date