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Florida 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 : 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: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
DISTRIBUIDORA TOP TEN 18 CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

21 JAN 13 PM 4:21
FAXED
FALL ALBANY, FLORIDA

2021 JAN 13 PM 3:37

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Corporate Filing Menu

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JAN 14 2021

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COVER LETTER

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

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
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FROM: DISTRIBUIDORA TOP TEN 18 CORP
Name (Printed or typed)

20900 NE 30 AVENUE
Address

AVENTURA, FL 33180
City, State & Zip

(754) 368-1737
Daytime Telephone number

tonimro@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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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: DISTRIBUIDORA TOP TEN 18 CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

20900 NE 30 AVENUE
AVENTURA, FL 33180

Mailing address, if different is:

20900 NE 30 AVENUE
AVENTURA, FL 33180

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHIMON BERMAN

Name and Title: PRESIDENT

Address 20900 NE 30 AVENUE
AVENTURA, FL 33180

Address: _____

Name and Title: ANTONIO MARIA RODRIGUEZ

Name and Title: PRESIDENT

Address 15970 W SR 84 SUITE 214
SUNRISE, FL 33326

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
DADE COUNTY, FLORIDA

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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: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHIMON BERMAN
Address: 20900 NE 30 AVENUE
AVENTURA, FL 33180

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/13/2021 (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

ALEXIS LAMADRID 01/13/2021
Required Signature/Registered Agent 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.

SHIMON BERMAN 01/13/2021
Required Signature/Incorporator Date

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