

5/6/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P2100041368

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FLORIDA PROFIT/NON PROFIT CORPORATION
SPARTAN WHOLESALE CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 MAY - 6 PM 2:55

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Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: SPARTAN WHOLESALE CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

19880 SW 208 STMIAMI, FL 33187**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE HERNANDEZ (P)

Name and Title: _____

Address 19880 SW 208 ST

Address: _____

MIAMI, FL 33187

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: JOSE HERNANDEZ
Address: 19880 SW 208 ST
MIAMI, FL 33187

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSE HERNANDEZ
Address: 19883 SW 208 ST
MIAMI, FL 33187


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


DATE: MAY 6, 2021 10:30 AM CDT

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.


DATE: MAY 6, 2021 10:30 AM CDT

Required Signature/Incorporator

Date _____