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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MOON GLASS MANUFACTURING INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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HL

Electronic Filing Menu Corporate Filing Menu Help

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: MOON GLASS MANUFACTURING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1320 SW 90 AVE MIAMI, FL 33174

Mailing address, if different is:

1320 SW 90 AVE MIAMI, FL 33174

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LEGAL AND LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100@1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEYMER PEREZ PRESIDENT
Address: 1320 SW 90 AVE
MIAMI, FL 33174

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: DEYMER PEREZ

Address: 1320 SW 90 AVE

MIAMI, FL 33174

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DEYMER PEREZ

Address: 1320 SW 90 AVE

MIAMI, FL 33174

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 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 Date