## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000359180 3)))



H220003591803ABC/

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION FERRY IMPORT, CORP

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

Electronic Filing Menu Corporate Filing Menu L. Help, 2000 Corporate Filing Menu



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

ICLE II PRI	NCIPAL OFFICE		
	Principal street address VENUE	Mailing address, it differ 5225 SW 160TH AVENUE	ent is:
MI, FL 33185		MIAMI, FL 33185	
TCLE III PUR	RPOSE the the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS	
_			
···			
	<del></del>		
CONTO	, , , , , , , , , , , , , , , , , , ,		
ICLE IV SHA	IRES of stock is: 100		
ICLE IV SHA number of shares	IRES of stock is: 100		
number of shares	IRES of stock is: 100  TAL OFFICERS AND/OR DIRECTOR	<u> </u>	
number of shares	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR		,
number of shares	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ	Name and Title:	
number of shares  ICLE V INFI  Name and T	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR	Name and Title: Address:	<del></del>
number of shares  ICLE V INFI  Name and T	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT	Name and Title:	<del></del>
Name and T	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:Address:	
Name and T	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:	
Name and T	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:	
Name and Ti	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:	
Name and Ti	of stock is: 100  TAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:	
Name and Ti Address  Name and Ti Address	of stock is: 100  CAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:  Address:	
Name and Ti	of stock is: 100  CAL OFFICERS AND/OR DIRECTOR  itle: YANDY PACHECO ESTEVEZ  PRESIDENT  5225 SW 160TH AVENUE  MIAMI, FL 33185	Name and Title:  Address:  Name and Title:	

Name a	and Title:	Name and Title:
Address		Address:
•		<u></u>
ADTEC TO		:
ARTICLE VI The name and 1	REGISTERED AGENT Florida street address (P.O. Box NOT acceptate	old) of the repistered agent is:
Name:	YANDY PACHECO ESTEVEZ	
Address:	5225 SW 160TH AVENUE	
•	MIAMI , FL 33185	
ARTICLE VII	<u>INCORPORATOR</u>	
•	address of the Incorporator is:	
Name:	YANDY PACHECO ESTEVEZ	
Address:	5225 SW 160TH	
	MIAMI, FL 33185	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and c	annot be more than five days prior or 90 days after the
the document's	e inserted in this block does not meet the applie effective date on the Department of State's rece	cable statutory filing requirements, this date will not be listed as ords.
Having been no	med as registered agent to accept service of new	ess for the above stated corporation at the place designated in th
certificate, I am	Jamular with and accept the appointment as ref	issered agent and agree to act in this capacity
	Es hujo	10/19/2022
······································	Required Signature Registered Agent	
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree ;	are true. I am aware that the false information submitted in
	10 Y	
Required Signat	ure/Incorporator	10/19/2022
	A.	Date