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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WISE TAX FIRM INC.

Account Number : I20210000018

Phone : (786)620-0001 Fax Number : (786)227-6631

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 DISTRIBUTOR PUERTO VARAS CORP

Certificate of Status	0
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Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

DISTRIBUTOR PUERTO VARAS CORP ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 10139 SW 168TH STREET MIAMI, FL 33157 ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: HENRY ALEX CASA QUINATOA: PRESIDENT FANNY GRACIELA PANCHEZ SANGOLUISA- VICE PRESIDENT ARTICLE V INITIAL REGISTERED ACTIVITAND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: HENRY ALEX CASA QUINATOA 10139 SW 168TH STREET MIAMI, FL 33157 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: HENRY ALEX CASA QUINATOA 10139 SW 168TH STREET

MIAMI, FL 33157

Required_Signatures:

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

Rogistical 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.

09/20/2023

Date

and reports of the