

P96000080166

TRANSMITTAL LETTER

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

FILED
96 SEP 27 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CANECARI CORP.
(Proposed corporate name - must include suffix)

900001943189
-09/10/96--01079--017
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: CARIDAD MARQUEZ DE PRESAS
Name (printed or typed)

11361 S.W. 26 STREET
Address

MIAMI, FLORIDA. 33165
City, State & Zip

(305) 223-0663
Daytime Telephone number

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

W96-19286

nc SEP 27 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 13, 1996

CARIDAD MARQUEZ DE PRESAS
11361 S.W. 26 STREET
MIAMI, FL 33165

SUBJECT: CANECARI CORP.
Ref. Number: W96000019286

We have received your document for CANECARI CORP. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

Neysa Culligan
Document Specialist

Letter Number: 996A00042589

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CANECARI CORP.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3886 S.W. 112TH AVENUE MIAMI, FLORIDA. 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES WITH (\$1.00) DOLLARS PER VALUE PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARIDAD MARQUEZ DE PRESAS
11361 S.W. 26 STREET
MIAMI, FLORIDA. 33165

305-223-0668

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARIDAD MARQUEZ DE PRESAS-PRESIDENT
11361 S.W. 26 STREET MIAMI, FLORIDA. 33165

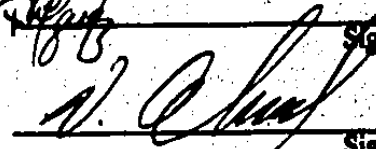
NEMER AHMAD-SECRETARY
9912 S.W. 154TH CT. MIAMI, FLORIDA. 33196

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of AUGUST, 19 96



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CANECARI CORP.

2. The name and address of the registered agent and office is:

CARIDAD MARQUEZ DE PRESAS

(NAME)

11361 S.W. 26 STREET

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FLORIDA. 33165

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 SEP 27 AM 9:12

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

AUGUST 29, 1996

(DATE)

P96000080166

GEORGE M. SANTAMARINA, P.A.
LAW OFFICE
TOLEDO CENTER, SUITE 204
7175 S.W. 8TH STREET
MIAMI, FLORIDA 33144

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900002154859--0
-04/25/97--01039--007
*****87.50 *****87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PAID
2 Pgs
4-25-97
P96000080166

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CARIDAD MARQUEZ DE PRESAS
(Name of registered agent)

hereby resigns as Registered Agent for CANECARL CORP.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

P96000080166

Requestor's Name

Address

GEORGE M. SANTAMARINA, P.A.
LAW OFFICE
TOLEDO CENTER, SUITE 804
7178 S.W. 8TH STREET
MIAMI, FLORIDA 33144

Office Use Only

R(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
91 APR 25 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
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<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002154857--6
-04/25/97--01039--006
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Officer/
Director
Resign
5/2/97

Florida Department of State, Sandra B. Mortham, Secretary of State


OFFICER / DIRECTOR RESIGNATION

I, CARIDAD MARQUEZ DE PRESAS, hereby resign as PRESIDENT
(Title)

of CANECARI CORP.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314