

P97000004866

July 22, 1996

State of Florida
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

100001912861
-08/05/96--01048--002
***122.50 ***122.50

RE: Perfecto Enterprises

Dear Sirs:

Enclosed please find the Articles of Incorporation of Perfecto Enterprises along with check no. 314 in the amount of \$122.50 which represents the filing fees and fees for obtaining a certified copy of the Articles. Kindly file these Articles and return same in the enclosed self-addressed stamped envelope.

If you have any questions, please call me at 305/271-1870.

Sincerely,

Perfecto Oliviera

W96-16872

FILED JAN 16 1997

FILED
97 JAN 16 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: PERFECTO ~~QD~~ ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

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: PERFECTO
Name (Printed or typed)
5725 SW 107 PLACE
Address
MIAMI, FL 33174
City, State & Zip
305/271-1870
Daytime Telephone number

Filing fee
has
been
paid
(articles
returned
because of
MISSING SUFFIX)

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 6, 1996

PERFECTO OLIVIERA
10125 SW 2ND TERR
MIAMI, FL 33174

SUBJECT: PERFECTO ENTERPRISES
Ref. Number: W96000016372

We have received your document for PERFECTO ENTERPRISES and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 296A00037409

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: Perfecto Enterprises, Inc.

Dear Sirs:

Enclosed please find the articles of incorporation which were returned because of a missing suffix.

The filing fee and certified copy fee has been paid. Please mail the certified copies in the self-addressed stamped envelope enclosed.

Thank You

ARTICLES OF INCORPORATION

FILED

97 JAN 16 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PERFECTO ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

10125 S.W. 2nd Terrace, Miami, Florida 33174

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Perfecto Oliveira

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):

Perfecto Oliveira
10125 S.W. 2nd Terrace
Miami, Florida 33174

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

1st day of November, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

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: Perfecto Enterprises, Inc.

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

Perfecto Oliveira
(NAME)

10125 S.W. 2nd Terrace
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Florida 33174
(CITY/STATE/ZIP)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

12-22-96
(DATE)