

P97000091639

Hector Mata

Requestor's Name

1903 Michigan Ave.

Address

Kissimmee FL 34744

City/State/Zip

Phone #

300002327583--4

-10/23/97--01020--013

***122.50 ***122.50

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

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

FILED
97 OCT 23 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
OF
MULTY CAROL U.S.A., INC.

THE UNDERSIGN INCORPORATORS, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 - NAME

THE NAME OF THE CORPORATION SHALL BE:
MULTY CAROL U.S.A., INC.

THE PRINCIPAL OFFICE OF THIS CORPORATION SHALL BE:
1903 MICHIGAN AVE.
KISSIMMEE, FL 34744

ARTICLE II - NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY, OR NATION.

ARTICLE III - CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

ONE HUNDREDS (100) SHARES OF COMMON STOCK
HAVING A PAR VALUE OF ONE (\$1.00) DOLLAR PER
SHARE.

ARTICLE IV - TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

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ARTICLE V - OFFICERS / DIRECTORS

THE NAME AND ADDRESS OF THE INITIAL OFFICER AND DIRECTOR WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

AUDOQUIO MOSCOL - (PRESIDENT)
1903 MICHIGAN AVE.
KISSIMMEE, FL 34744

ARTICLE VI - INCORPORATORS

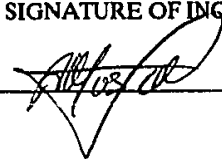
NAME AND STREET ADDRESS OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATIO ARE

AUDOQUIO MOSCOL PRESIDENT
1903 MICHIGAN AVE.
KISSIMMEE, F 3474

ARMENIA C. RODRIGUEZ SECRETARY
1903 MICHIGAN AVE.
KISSIMMEE, F 3474

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLES OF INCORPORATIONS AT THIS 21 DAY OF october 1997

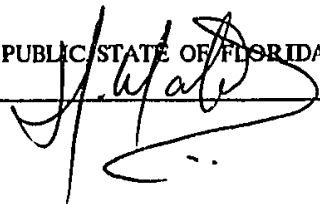
SIGNATURE OF INCORPORATOR



STATE OF FLORIDA
COUNTY OF OSCEOLA

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO BEFORE ME THIS 21 DAY OF october, 1997.

NOTARY PUBLIC/STATE OF FLORIDA



(SEAL)

OFFICIAL NOTARY SEAL
HECTOR J MATA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC636988
MY COMMISSION EXP. APR. 9, 2001

CERTIFICATION DESIGNATING
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO REQUIREMENT OF SECTION 607.034 AND 607.325, 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:

MULTY CAROL U.S.A., INC.
1903 MICHIGAN AVE.
KISSIMMEE, FL 34744

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TALLAHASSEE, FLORIDA

2- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

AUDOQUIO MOSCOL
1903 MICHIGAN AVE.
KISSIMMEE, FL 34744

SIGNATURE: _____

(CORPORATE OFFICER)

TITLE: PRESIDENT

DATE: 10 / 21 / 1997

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I
ACCEPT THE DUTIES AND OBLIGATIONS OF THE ABOVE MENTIONED FLORIDA STATUTES.

SIGNATURE: _____

(RESIDENT AGENT)

DATE: 10 / 21 / 1997