# 100 (Name) (Name

Address

Office Use Only nown): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Will wait Photocopy Certificate of Status Mail out NEW FILINGS AMENDMENTS .... Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION = Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

Examiner's Initials

7M-11/3/97



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 24, 1997

MIRYAM LOPEZ 633 S ROYAL POINCIANA BLVD, #326 MIAMI SPRINGS, FL 33166

SUBJECT: FERLOP

Ref. Number: W97000021931

We have received your document for FERLOP and your check(s) totaling \$78.75. 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.

The registered agent and street address must be consistent wherever it appears in your document.

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

Please return the original and one copy of 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 (850) 487-6926.

Tracy Meyer Document Specialist

Letter Number: 797A00047291

#### TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahasee, FI 32314

SUBJECT: FERLOP CORP.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$78.75

FROM:

MIRYAM LOPEZ
Name(printed or typed)

19597 NW. 55 CIRCLE PL. OPALACKA FLORIDA 33055 Address

City, State & Zip

(305) 430-8149 Telephone Number

Note: Please provide the original and one copy of the articles

# ARTICLES OF INCORPORATION

# **OF**

# FERLOP CORP.

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:

FERLOP CORP.

7 NOV -3 PM 2: CRETARY OF STA CAHASSEE, FLOR

# ARTICLE II PRINCIPAL OFFICE

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

19597 NW. 55 CIRCLE PL. OPALACKA FL. 33055

#### ARTICLE III SHARES

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

1000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miryam Lopez

19597 NW. 55CIRCLE PL. OPALACKA, FLORIDA 33055

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is (are):
MIRYAM LOPEZ
19597 NW. 55 CIRCLE PL. OPALACKA FLORIDA 33055

JOSE ANTONIO FERNANDEZ 9911 SW 20ST MIAMI FL 33165

The undersigned incorporator(s) has(have) executed these articles 15 day of <u>SEPTE MBER</u>	es of incorporation this
Signature	· -
Signature	
Signature	

Articles of Incorporation Filling Fee - \$35.00

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. Florida Statutes, the undersigned corporantion, 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: FERLOP CORP.
- 2. The name and address of the registered agent and office is:

MIRYAM LOPEZ (Name)

19597 NW. 55 CIRCLE PL. OPALACKA FLORIDA 33055 (P.O.Box NOT Acceptable)

97 NOV -3 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORID

(City/State/Zip)

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** 

DATE

**REGISTERED AGENT FILING FEE \$35.00** 

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