

City/State/Zip

Phone #

800002644868--0 -09/21/98--01104--018 *****70.00 ******70.00

Office Use Only

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

1.				
	(Corporation Name)	(Doc	cument #)	
2.	<u> </u>			
	(Corporation Name)	(Doc	ument #)	
3.		•		
	(Corporation Name)	(Doc	ument #)	
4.	-			
	(Corporation Name)	(Дос	ument #)	-
☐ Walk in	Pick up time		Certified Copy	
Mail out	☐ Will wait	Photocopy	Certificate of Status	
with out	will wait	- Pnotocopy	Certificate of Status	

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
Метдет

TALLAMASSE	98 SEP 21	
OF STATE	PM 2: 04	

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

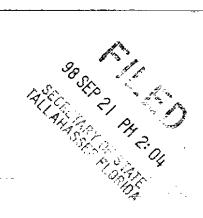
REGISTRATION/QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other



9

Examiner's Initials

SEP 2 4 1998



ARTICLES OF INCORPORATION OF

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

ARTICLE I NAME

The name of the corporation shall be: F.M.P. COM., Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

3924 NW 73rd Ave.
Coral Springs, F1 33065

ARTICLE III CAPITAL STOCK

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

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

Mario Coquis 3924 NW 73rd AVe. Coral Springs, F1 33065

B. Officers: President: Mario Fernando Irivarren Address: 3924 NW 73rd Ave Coral Springs, F1 33065 Inezio Giuseppe Passarelli Vice President: 3924 NW 73rd Ave Address: Coral Springs, F1 33065 Secretary: Dafne Coquis Address: 3924 NW 73rd Ave Coral Springs, Fl 33065 Mario Coquis Treasurer Address: 3924 NW 73rd Ave Coral Springs, F1 33065

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: Mario Coquis
Office Address: 3924 NW 73rd Ave
Coral Springs, F1 33065
City Zip Code

11. Registered agent's acceptance:

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

Registered agent's signature:

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

Mario Coquis, Treasurer

(Name and capacity of person signing application)

ARTICLE V -INCORPORATORS

•	ation are as follows:	
Name Address	Mario Coguis	
City	3924 NW 73rd Ave. Coral SpringState F1 Zip 33065	
Name	Dafne Coquis	
Address	3924 NW 73rdAve.	
City	Coral SpringsState F1 Zip 33065	
Name		
Address		
City	State Zip	
	NESS WHEREOF, the undersigned subscriber (s) have executed rticles of Incorporation this day of, 199	
	Mario (Seal) Dafue Coqui (Seal) (Seal)	
STATE		
COUN	TY OF Broward)	
Before	e me, a Notary Public authorized to take acknowledgements in	
	tate and County set forth above, personally appeared	
	Sario and Dafne Coquis	
<u></u>		
Artic	m to me and known to be the person (s) who executed the foregoing les of Incorporation, and who acknowledged before me that they suted these Articles of Incorporation.	
	VITNESS WHEREOF, I have hereunto affixed my hand and seal, e State and County aforesaid, this 20th day of Aug., 199_8	
	(Notary Public, State of Florida at large)	
(Nota	ary Seal)	
(202
MI	My Commission expires: April 26, 21 Y COMMISSION # CC 737366 EXPIRES: April 26, 2002	

1-800-3-NOTARY Fla. Notary Service & Bonding Co.

CERTIFICATE OF DESIGNATION 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:	
	F.M.P. COM., Inc.	
2.	The name and address of the registered agent and office is:	
	Maric Coquis	-
	(Name) 3924 NW 73rd Ave.	•
	(P.O. Box NOT acceptable)	-
	Coral Springs, Fl 33065	1.5 8
	(City/State/Zip)	St.
	Signature Marie (5 un	2
	Title Treasurer	
	Date8/20/98	Control of the contro

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature //

Date 8/20/98

REGISTERED AGENT FILING FEE: \$35.00