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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : PEDRO LUZQUINOS
Account Number : I20170000042
Phone : (954)655-9413
Fax Number : (954)432-9807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOSFE@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
DISTRIBUIDORA SECO CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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2020 DEC -2 AM 10:12

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COVER LETTER

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

SUBJECT: DISTRIBUIDORA SECO CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: CHAKOUR, ANTONIO A.
Name (Printed or typed)
4580 NW 107TH AVE SUITE 106
Address
MIAMI, FL 33178
City, State & Zip
(954) 655-8413
Daytime Telephone number
antoniochakour@hotmail.com
E-mail address: (to be used for future annual report notification)

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

H200004114813

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME:

The name of the corporation shall be: DISTRIBUIDORA SECO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

Mailing address, if different is:
4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CHAKOUR, ANTONIO A. (P)</u>	Name and Title:	_____
Address	<u>4580 NW 107TH AVE SUITE 106</u>	Address:	_____
	<u>MIAMI, FL 33178</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CHAKOUR, ANTONIO A.
 Address: 4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHAKOUR, ANTONIO A.
 Address: 4580 NW 107TH AVE SUITE 106
MIAMI, FL 33178

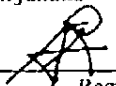
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

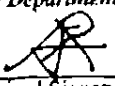
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ 12/01/2020
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____ 12/01/2020
 Required Signature/Incorporator Date