

7/6/2020

Division of Corporations

P2 000048968
Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TORNIO INC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 691, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TORNIO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7440 SW 50 TER STE: 106

MIAMI, FL 33155

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CRISTIAN DIEGO COSTANZO (P)

Name and Title: _____

Address: 7440 SW 50 TER STE: 106

Address: _____

MIAMI, FL 33155

Name and Title: MAXIMILIANO FLAVIO CHIESA (VP)

Name and Title: _____

Address: 7440 SW 50 TER STE: 106

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: PREFERRED ACCOUNTING SERVICES, INC.
 Address: 7440 SW 50 TER STE: 106
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CRISTIAN DIEGO COSTANZO
 Address: 7440 SW 50 TER STE: 106
MIAMI, FL 33155

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:

 Required Signature/Registered Agent 7/6/2020
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.

 Required Signature/Incorporator 7/6/2020
Date

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 SECRETARY OF STATE
 TALLAHASSEE, FL
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