

PROFIT
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000356671 3)))



H200003566713ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : RASCO KLOCK PEREZ & NIETO, P.L.L.C.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

REC'D
2020 OCT 13 PM 2:57

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

Email Address: abazo@rascoklock.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Artanis Corporation

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

FILED
20 OCT 13 PM 5:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
OCT 14 2020

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: ARTANIS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
2555 PONCE DE LEON BLVD SUITE 600
CORAL GABLES FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARREDA, FRANCISCO- DIRECTOR Name and Title: ETEROVIC, FELIPE- DIRECTOR
Address: 2555 PONCE DE LEON BLVD Address: 2555 PONCE DE LEON BLVD
SUITE 600 SUITE 600
CORAL GABLES FL 33134 CORAL GABLES FL 33134

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

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

FILED
20 OCT 13 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: TRANSWORLD BUSINESS MANAGEMENT LLC
 Address: 2555 PONCE DE LOEN BLVD SUITE 600
CORAL GABLES FL 33134

FILED
 20 OCT 13 PM 5:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRES E. BAZO
 Address: 2555 PONCE DE LEON BLVD SUITE 600
CORAL GABLES FL 33134

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 10/08/20
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 10/08/20
Date