

P210000 88333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

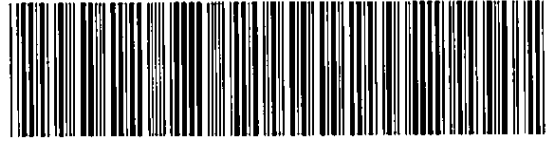
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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RECEIVED

2021 OCT 11 PM 3:42

MISSOURI SECRETARY OF STATE

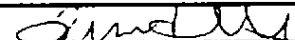
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MISSOURI SECRETARY OF STATE

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 70.00

Authorized Signature: 

DAVIE504 INC
Corporation Name & Document Number, (if known):

(Business Name)

Document#

Walk in Pick up time

Mail out Will wait

Photocopy

Certified Copy of Articles of Organization

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP

AMMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing
 Limited Partnership
 Reinstatement

APOSTIL () _____
Country

Other

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: Davie504 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1680 Michigan Ave #910
Miami Beach, Florida 33139

Mailing address, if different is:

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: Madeincanarias Inc. P VP

Address: 1680 Michigan Ave #910
Miami Beach, FL 33139

Name and Title: _____

Address: _____

Name and Title: Giorgio Picinelli S,T

Address: 1680 Michigan Ave #910
Miami Beach, FL 33139

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI BEACH, 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: Giorgio Picinelli
Address: 1680 Michigan Ave. #910
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maria- Costanza Barducci
Address: 5 W 19th St 10th Floor
New York, NY 10011

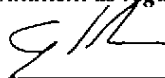
ARTICLE VIII EFFECTIVE DATE:

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:

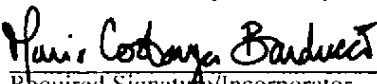


Required Signature/Registered Agent

10/11/2021

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

10/11/2021

Date