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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NECESSITY DIST INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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HL

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Corporate Filing Menu

Help

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: NECESSITY DIST INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

217 SW 17 AVE SUITE 216 B

MIAMI, FL 33135

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: FERNANDO RODRIGUEZ DUQUESNE (P) Name and Title: _____

Address 217 SW 17 AVE SUITE 216 B Address: _____

MIAMI, FL 33135

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: FERNANDO RODRIGUEZ DUQUESNE
 Address: 217 SW 17 AVE SUITE 216 B
MIAMI, FL 33135

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FERNANDO RODRIGUEZ DUQUESNE
 Address: 217 SW 17 AVE SUITE 216 B
MIAMI, FL 33135

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

Let Fernando Rodriguez Duquesne _____ 03/22/2022 _____
 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.

Let Fernando Rodriguez Duquesne _____ 03/22/2022 _____
 Required Signature/Incorporator Date