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Division of Corporations

Florida Department of State

Division of Corporations

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(((H22000165500 3)))



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To:

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

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
GLOBALDIS DISTRIBUCIONES GLOBALES, CORP

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GLOBALDIS DISTRIBUCIONES GLOBALES, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address11269 SW 249TH STREET
PRINCETON, FL 33032

Mailing address, if different is:

11269 SW 249TH STREET
PRINCETON, FL 33032**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NATHALY ANEZ RUIZ - P

Name and Title: _____

Address 11269 SW 249TH STREET
PRINCETON, FL 33032

Address: _____

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: NATHALY ANEZ RUIZAddress: 11269 SW 249TH STREETPRINCETON, FL 33032**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NATHALY ANEZ RUIZAddress: 11269 SW 249TH STREETPRINCETON, FL 33032**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 Agent05/07/2022_____
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_____
Date05/07/2022