

6/15/22, 5:56 PM

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

From: Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

2022 JUN 16 AM 12:46
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MADUENO SOTO CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

HL

2022 JUN 16 AM 8:42
CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Madueno Soto Corp

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
14110 Sanctuary Ridge Way Unit 103

Mailing address, if different is: _____

Orlando, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any And All Lawful Purposes**

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COMPTROLLER OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Naika R Soto Ferrebus - President**

Name and Title: **Argenis B Madueno Quintero - Vicepresident**

Address **14110 Sanctuary Ridge Way Unit 103**

Address: **14110 Sanctuary Ridge Way Unit 103**

Orlando, FL 32832

Orlando, FL 32832

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Alex Pina Co.
 Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Naika R Soto Ferrebus
 Address: 14110 Sanctuary Ridge Way Unit 103
Orlando, FL 32832

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

AP _____ 06/15/2022
 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.

AP _____ 06/15/2022
 Required Signature/Incorporator Date