

P2200085408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CORAL S M S CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2022 NOV 14 PM 3:06
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Coral S M S Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10211 W Sample Rd Suite 100

Coral Springs FL 33065

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

President:

Ariel Reynaldo Oyarzun

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ariel Reynaldo Oyarzun

10211 W Sample Rd Suite 100

Coral Springs FL 33065

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Ariel Reynaldo Oyarzun

10211 W Sample Rd Suite 100

Coral Springs FL 33065

Required Signatures:

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

Orin

Registered Agent

11/19/2020

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.

Orin

Incorporator

11/19/2022

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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