

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/31

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

INC

1. **CASA AURUM INC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: CASA AURUM INC

ARTICLE II PRINCIPAL OFFICE Principal street address

Mailing address, if different is:

11713 SW 244TH ST
HOMESTEAD FL 33032

11713 SW 244TH ST
HOMESTEAD FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina M Moreno Perez- OFFICER Name and Title: _____

Address 11713 SW 244TH ST Address: _____
HOMESTEAD FL 33032 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2023 Jun 30 PM 11:36

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: Gina M Moreno Perez
 Address: 11713 SW 244TH ST
HOMESTEAD FL 33032

ARTICLE VII INCORPORATOR

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

Name: Gina M Moreno Perez
 Address: 11713 SW 244TH ST
HOMESTEAD 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

Gina M Moreno Perez
 Required Signature/Registered Agent

07/28/23
 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.

Gina M Moreno Perez
 Required Signature/Incorporator

Date 07/28/23