

3/11/20

P20000021541

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SEGEN TRADE INC

Certificate of Status	0
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Electronic Filing Menu

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: SEGEN TRADE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2054 NW 7 STREET
PEMBROKE PINES, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALERIA REINOSO BARRERA (P) Name and Title:

Address 2054 NW 7 STREET Address:
PEMBROKE PINES, FL 33054

Name and Title: LUZ MERY BARRERA ALFONSO (V/P) Name and Title:

Address 2054 NW 7 ST Address:
PEMBROKE PINES, FL 33054

Name and Title: Name and Title:

Address Address:

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FALL HAVEN, NC

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: VALERIA REINOSO BARRERAAddress: 2054 NW 7 STREETPEMBROKE PINES, FL 33054ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VALERIA REINOSO BARRERAAddress: 2054 NW 7 STREETPEMBROKE PINES, FL 33054ARTICLE 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 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.*_____
Required Signature/Incorporator_____
Date