

To:

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From: Alex Pina

Division of Corporations

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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 : 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

FLORIDA PROFIT/NON PROFIT CORPORATION INVERSIONES SERCAEM 16 CORP

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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:

INVERSIONES SERCAEM 16 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
2010 LUDLAM RD APT 704

Mailing address, if different is:

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All Lawful Purpose.**ARTICLE IV SHARES**

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **EMILY D PEREZ COELLO - PRESIDENT**

Name and Title:

Address **2010 LUDLAM RD APT 704**

Address:

MIAMI, FL 33155

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: Alex Pina Co.Address: 8400 NW 36TH ST STE 450DORAL, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: EMILY D PEREZ COELLOAddress: 2010 LUDLAM RD APT 704MIAMI, FL 33155**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 Agent

01/09/2025

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

01/09/2025

Date