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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 : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

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

Email Address: PLUZQUINOSFC@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
NODO SOCIAL INC

Certificate of Status	0
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SEP 09 2019

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP -9 PM 2:53

2019 SEP -3 PM 1:27

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NODO SOCIAL INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CAROLINA, FERNANDEZ HENRIQUEZ
Name (Printed or typed)

400 NW 141 ST AVE APT. 101
Address

PEMBROKE PINES, FL 33028
City, State & Zip

954-655-8413
Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: NODO SOCIAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
400 NW 141 ST AVE APT. 101

Mailing address, if different is:

PEMBROKE PINES, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPROVING THE LIVES OF PEOPLE AND SUPPORTING THEIR SUSTAINABLE DEVELOPMENT BY INCREASING THE ACCESS FOR OPPORTUNITIES TO FOR ALL INTERESTED INDIVIDUALS AND SUPPORTING THEIR DEVELOPMENT OF CAPACITIES TO REACH A HIGH QUALITY LIVE, AS PART OF THE UNITED NACIONAL SUSTAINABLE DEVELOPMENT GOAL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: MEETING OF MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLINA, FERNANDEZ HENRIQUEZ (P)
Address: 400 NW 141 ST AVE. APT. 101
PEMBROKE PINES, FL 33028

Name and Title: IRENE B. MURILLO GUERRERO (VP)
Address: 400 NW 141 ST AVE. APT. 101
PEMBROKE PINES, FL 33028

Name and Title: VALENTINA E. MORALES VALECILLOS (D)
Address: 400 NW 141 ST AVE. APT. 101
PEMBROKE PINES, FL 33028

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

19 SEP -9 PM 3:03
DIVISION OF CORPORATIONS
STATE OF FLORIDA

4190002673763

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: CAROLINA, FERNANDEZ HENRIQUEZ

Address: 400 NW 141 ST AVE. APT. 101
PEMBROKE PINNS, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLINA, FERNANDEZ HENRIQUEZ

Address: 400 NW 141 ST AVE. APT. 101
PEMBROKE PINNS, FL 33028

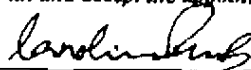
ARTICLE VIII EFFECTIVE DATE:

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:

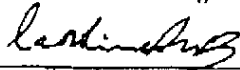


Required Signature of Registered Agent

09/06/2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

09/06/2019

Date

FILED
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DIVISION OF CORPORATIONS
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