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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CEGADA Corp

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

n.c. 3/24/17

COVER LETTER

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

SUBJECT: CEGAGA Corp

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Antonio Jenkins-Lara

Name (Printed or typed)

16516 El Camino Real PMB 428

Address

, HOUSTON, TX, 77062. US

City, State & Zip

(281)-208-3706

Daytime Telephone number

antonio@jeukins-lara.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CEGADA Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5469 NW 72nd AVE, Miami, Florida, 33166, USMailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Realstate consulting services. Imports for construction services
and Financial services.

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Carlos Chaw PresidentAddress: 5469 NW 72ND AVE MIAMI FL 3166

_____Name and Title: Antonio Jenkins-Lara Vice PresidentAddress: 5469 NW 72ND AVE MIAMI FL 3166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

_____17 MAR 23 AM 9:23
FILED
STATE
FLORIDA

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Carlos Chaw
Address: 5469 NW 72ND AVE MIAMI FL 3166

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/24/2017 (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

C T Corporation System
By: Janifer Vincent 03/23/2017
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.

Carlos Chaw 03/23/2017
Required Signature/Incorporator Date

17 MAR 23 AM 9:23
DEPT OF STATE
TALLAHASSEE FLORIDA