

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P18000019604**

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGA CONSULTORES, COMPANY.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2018 MAR - 1 PM 12:50

**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: AGA CONSULTORES, COMPANY.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1000 PONCE DE LEON BLVD STE 105

CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALBERTO BENITEZ (P)

Name and Title: \_\_\_\_\_

Address 1000 PONCE DE LEON BLVD

Address: \_\_\_\_\_

STE: 105

CORAL GABLES, FL 33134

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAR -1 AM 9:36

FILED

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: EXPRESS CORPORATE FILING SERVICE, Inc.  
 Address: 1000 PONCE DE LEON BLVD STE: 105  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: ALBERTO BENITEZ  
 Address: 1000 PONCE DE LEON BLVD STE: 105  
CORAL GABLES, FL 33134

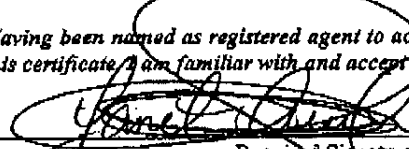
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

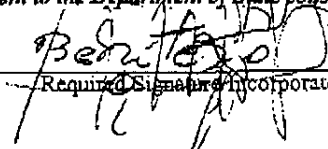
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 02/27/2018  
 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.*

 \_\_\_\_\_ 02/27/2018  
 Required Signature/Incorporator Date