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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
POZO GENERAL ENTERPRISES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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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: _____

POZO GENERAL ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____

1835 NW 126TH ST

MIAMI, FL 33167

Mailing address, if different is: _____

1835 NW 126TH ST

MIAMI, FL 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY ABND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID POZO

Name and Title: _____

Address

PRESIDENT

Address: _____

1835 NW 126TH ST

MIAMI, FL 33167

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: DAVID POZO

Address: 1835 NW 126TH ST

MIAMI, FL 33167

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: DAVID POZO

Address: 1835 NW 126TH ST

MIAMI, FL 33167

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ARTICLE VIII EFFECTIVE DATE: 08/22/2018

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 furnished with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent

08/22/2018

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

08/22/2018

Date

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