

# P190000022412

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 : VDT CORPORATE SERVICES  
Account Number : 120180000047  
Phone : (305)878-1516  
Fax Number : (786)542-5995

**\*\*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**  
**HUNIQ CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAR 15 AM 9:17

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## COVER LETTER

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

**SUBJECT:** HUNIQ 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JOAO PEDRO VOLZ

Name (Printed or typed)

150 SE 2ND AVE SUITE 905

Address

MIAMI, FL 33131

City, State & Zip

305 503 9867

Daytime Telephone number

management@saintjosephgroup.com

E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

HUNIQ CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

150 SE 2ND AVE SUITE 906, MIAMI FL 33131 USA

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

MANAGEMENT CONSULTING

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

150

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Marcio Silva Xavier/ Director

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

Address 150 SE 2ND AVE SUITE 906

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

MIAMI, FL 33131 USA

Name and Title: Rafael Fernandes Souza/Director

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

Address 150 SE 2ND AVE SUITE 906

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

MIAMI FL 33131 USA

Name and Title: Felipe Augusto S. Santos/Director

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

Address 150 SE 2ND AVE SUITE 906

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

MIAMI FL 33131 USA

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TALLAHASSEE, FL

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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: VDT CORPORATE SERVICES LLC

Address: 150 SE 2ND AVE SUITE 905

MIAMI FL 33131 USA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JOAO PEDRO VOLZ

Address: 150 SE 2ND AVE SUITE 905

MIAMI FL 33131 USA

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 TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 03/13/2019 (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

03/15/2019  
 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

03/15/2019  
 Date

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