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FLORIDA PROFIT/NON PROFIT CORPORATION
BISCAYNE FORCE, CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BISCAYNE FORCE, CORP

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

1025 92ST APT #604
BAY HARBOR ISLANDS, FL 33154

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EMIL ALVARADO
1025 92 ST APT # 604
BAY HARBOR ISLANDS, FL 33154

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

EMIL ALVARADO
1025 92 ST APT # 604
BAY HARBOR ISLANDS, FL 33154

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

EMIL ALVARADO (PRESIDENT & SECRETARY)
1025 92 ST APT # 604 BAY HARBOR ISLANDS, FL 33154

The undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 03 day of APRIL, 2019.


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is:
BISCAYNE FORCE, CORP
2. The name and address of the registered agent and office is:

EMIL ALVARADO

(NAME)

1025 92 ST APT # 604

(P.O. BOX NOT ACCEPTABLE)

BAY HARBOR ISLANDS, FL 33154

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE 04/03/2019