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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

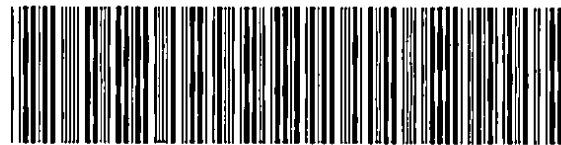
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
STATE TREASURY  
TALLAHASSEE, FLORIDA  
19 APR 30 PM 3:51

## COVER LETTER

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

**SUBJECT:** FIRST ATLANTIC COMMERCE SRL Co.

(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:** BYRON ANDRES CAJAS DAVILA

Name (Printed or typed)

8805 NW 8TH ST APT 104

Address

MI

City, State & Zip

MIAMI, FL 33126

Daytime Telephone number

ANDRES DAVILA@PROTONMAIL.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 NAME**

The name of the corporation shall be: FIRST ATLANTIC COMMERCE SRL Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8005 NW 8th St Apt 104

MIAMI, FL 33126

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be

organized under the laws of Florida. The company aims to engage, on its own account or on behalf of third parties, or

associated with third parties, within or outside the country the creation, production, exchange, manufacture, transformation,

marketing, intermediation, representation, import and export of material and goods, including natural resources , and

intangible and the provision of services, directly or indirectly related to Development of technologies, research and software.

The company has full legal capacity to carry out any legal act in the country or abroad, carry out any legal activity, acquire

rights and incur obligations and can make investments and capital contributions and enter into collaboration agreements.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: Byron Andres Cajas Davila, CEO

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

Address 8005 Nw 8th St Apt 104

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

Miami, FL 33126

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2013 APR 30 AM 11:09  
CLERK OF DISTRICT COURT  
MIAMI, FL

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: Byron Andres Cajas Davila

Address: 8005 Nw 8th St Apt 104

Miami, FL 33126

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Byron Andres Cajas Davila

Address: 8005 Nw 8th St Apt 104

Miami, FL 33126

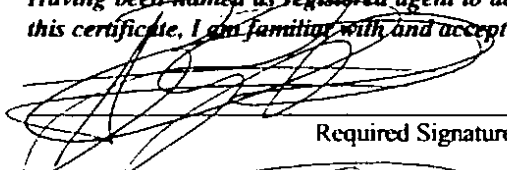
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/26/2019. (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

4/30/2019  
\_\_\_\_\_  
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

4/30/2019  
\_\_\_\_\_  
Date  
**FILED**  
2019 APR 30 11:09  
CLERK OF COURT  
STATE OF FLORIDA