

JUN/10/2019/MON 12:47 PM

FAX No.

F. 001/003

6/10/2019

Division of Corporations

P19000047331

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SIMONA FACILITIES MAINTENANCE, INC**

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

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DIVISION OF CORPORATIONS
TAMPA, FLORIDA

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K. PAGE

JUN 11 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SIMONA FACILITIES MAINTENANCE, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1234 EUCLID AVENUE APT 8Mailing address, if different is:

_____MIAMI, BEACH, FL 33139

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

_____**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES @ \$ 1.00 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARCO DAQUILANTE, PD

Name and Title: _____

Address 1234 EUCLID AVENUE APT 8

Address: _____

MIAMI, BEACH, FL 33139

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: MARCO DAQUILANTE
Address: 1234 EUCLID AVENUE APT 8
MIAMI, BEACH, FL 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARCO DAQUILANTE
Address: 1234 EUCLID AVENUE APT 8
MIAMI, BEACH, FL 33139


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.

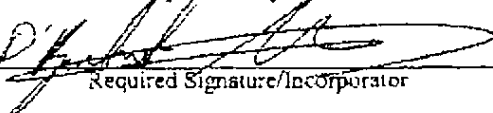


Required Signature/Registered Agent

06/07/2019

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

06/07/2019

Date