

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P190000250733

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DOUBLE SS, INC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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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: DOBLE SS, INC

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

9141 FONTAINEBLEAU BLVD. APT 3

9141 FONTAINEBLEAU BLVD. APT 3

MIAMI, FL 33172

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: SABRINA R. GOMEZ ROJAS

Name and Title:

Address

9141 FONTAINEBLEAU BLVD.

Address:

APT. 03

MIAMI, FL 33172

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SABRINA R. GOMEZ ROJAS
Address: 9141 FONTAINEBLEAU BLVD. APT 3
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

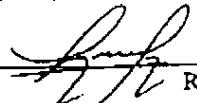
Name: SABRINA R. GOMEZ ROJAS
Address: 9141 FONTAINEBLEAU BLVD. APT 3
MIAMI, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/19/2019 (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

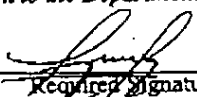


Required Signature/Registered Agent

08/19/2019

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

08/19/2019

Date