

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000287138 3)))



H190002871383ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
TIENDAS CIRO SA, INC**

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

2019 SEP 25 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

26 2019

T. SCOTT

**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: TIENDAS CIRO SA, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

555 NE 123 ST. APT: 309

555 NE 123 ST. APT: 309

MIAMI, FL 33161

MIAMI, FL 33161

**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

2019 SEP 25 AM 01  
L.C.D.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: NELSON A. SANCHEZ CASTILLO

Name and Title: VP: JORGE A. SANCHEZ MANCO

Address 555 NE 123 ST.

Address: 555 NE 123 ST. APT: 309

APT: 309

APT: 309

MIAMI, FL 33161

MIAMI, FL 33161

Name and Title: D: NELSON A. SANCHEZ MANCO

Name and Title: D: WILLIAM A. HERNANDEZ NIETO

Address 555 NE 123 ST.

Address: 555 NE 123 ST.

APT: 309

APT: 309

MIAMI, FL 33161

MIAMI, FL 33161

Name and Title: D: ANTONIO J. ROA MOLINA

Name and Title:

Address 555 NE 123 ST. APT: 309

Address:

APT: 309

MIAMI, FL 33161

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: NELSON A. SANCHEZ CASTILLO  
Address: 555 NE 123 ST. APT: 309  
MIAMI, FL 33161

**ARTICLE VII INCORPORATOR**

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

Name: NELSON A. SANCHEZ CASTILLO  
Address: 555 NE 123 ST. APT: 309  
MIAMI, FL 33161

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/24/2019 (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*

Nelson Sanchez  
Required Signature/Registered Agent

09/25/2019  
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.*

Nelson Sanchez  
Required Signature/Incorporator

09/25/2019  
Date