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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
 Account Number : I20160000041
 Phone : (407)443-8973
 Fax Number : (407)930-2626

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sunbiz.sicont@hotmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
 DISTRIBUIDORA BEETHOVEN CORP**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: DISTRIBUIDORA BEETHOVEN CORP

(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: SICONT ENTERPRISES OF AMERICA INC
Name (Printed or typed)

13574 VILLAGE PARK DR STE 250

Address

ORLANDO FL 32837

City, State & Zip

407-443-8973

Daytime Telephone number

SUNBIZ.SICONT@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME DISTRIBUIDORA BEETHOVEN CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
13574 Village Park Dr. Ste 250
Orlando FL 32837

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The company will engage in any and all lawful business allowed in the United States of America and the State of Florida.

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHANA VILLEGAS, P
Address: 13574 Village Park Dr. Ste 250
Orlando FL 32837

Name and Title: DA SILVA, JOSE, VP,S
Address: 13574 Village Park Dr. Ste 250
Orlando FL 32837

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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DIVISION OF CORPORATIONS
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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: Desiree Torres
 Address: 13574 Village Park Dr Ste 250
 Orlando FL 32837

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Desiree Torres
 Address: 13574 Village Park Dr. Ste 250
 Orlando FL 32837

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

10/07/2019

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

10/07/2019

Date

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