

P1900032664032738

Florida Department of State  
Division of Corporations  
Electronic 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.

(((H19000326640 3)))



H190003266403ABC+

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 : AVA FINANCIAL CONSULTANTS INC  
Account Number : I20170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 NOV -5 PM 3:57

FILED

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

Email Address: RICANI91@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
INCANI MACHINING INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2/4

**COVER LETTER**

H190003266403

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

**SUBJECT:** INCANI MACHINING INC  
(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:** RICARDO A. CABRERA  
Name (Printed or typed)  
3400 NE 6TH TERRACE  
Address  
POMPANO BEACH, FL 33064  
City, State & Zip  
954-629-0775  
Daytime Telephone number  
RICANI91@GMAIL.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) H190003266403

3/4

**ARTICLE I NAME**

The name of the corporation shall be: INCANI MACHINING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3400 NE 6TH TERRACE

3400 NE 6TH TERRACE

POMPANO BEACH, FL 33064-5218

POMPANO BEACH, FL 33064-5218

**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: 1,000 SHARES AT \$1.00 PAR VALUE

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

Name and Title: RICARDO A. CABRERA - PDTS

Name and Title: N/A

Address: 11945 ROYAL PALM BLVD #202

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

CORAL SPRINGS, FL 33065

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

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

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

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

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

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

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

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

H190003266403

4/4

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: RICARDO A. CABRERA

Address: 11945 ROYAL PALM BLVD #202

CORAL SPRINGS, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RICARDO A. CABRERA

Address: 11945 ROYAL PALM BLVD #202

CORAL SPRINGS, FL 33065

**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*

RICARDO A CABRERA

Required Signature/Registered Agent

11/05/2019

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.*

RICARDO A CABRERA

Required Signature/Incorporator

11/05/2019

Date