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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : JSD & COMPANY PA  
Account Number : I20190000114  
Phone : (786)286-2705  
Fax Number : (305)901-6024

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

Email Address: bsonnino@sbaccounting.net

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PROVIDA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I      NAME**

The name of the corporation shall be:

PRODEVIDA, INC.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business and mailing address is:

5900 COLLINS AVE APT 1202  
MIAMI BEACH, FL. 33140

**ARTICLE III      EFFECTIVE DAY**

The effective day for this Corporation shall be 01/01/2020.

**ARTICLE IV      DURATION**

The period of duration for the Corporation shall be perpetual.

**ARTICLE V      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE VI      SHARES**

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$10.00

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**ARTICLE VII INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officer(s)

Is/are:

PRESIDENT:  
DIEGO GASTON SANTAMARIA  
5900 COLLINS AVE APT 1202  
MIAMI BEACH, FL. 33140

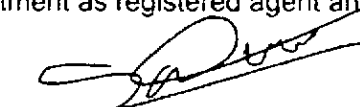
**ARTICLE VIII REGISTERED AGENT**

The name and Florida street address of the registered agent is:

RODRIGO SANTAMARIA  
5900 COLLINS AVE APT 1202  
MIAMI BEACH, FL. 33140

Having been named as registered agent and 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.

x



12/13/2019

SIGNATURE / REGISTERED AGENT

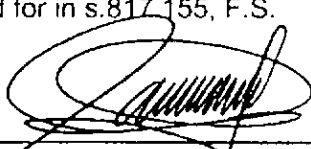
DATE

**ARTICLE IX INCORPORATOR**

The name and Florida Street address of the Incorporator is:

JORGE R. SANCHEZ, CPA  
8390 W FLAGLER STREET SUITE 201  
MIAMI, FL. 33144

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.



12/13/2019

SIGNATURE / INCORPORATOR

DATE

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