

Florida Department of State
 Corporations
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To:

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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GRUPO PÍXELES, INC

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

JAN 08 2020

T. SCOTT

RECEIVED

2020 JAN -7 PM 4:24

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

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2020 JAN -7 PM 2:55

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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: GRUPO PÍXELES, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6617 NW 84TH AVE

6617 NW 84TH AVE

MIAMI, FL 33166

MIAMI, FL 33166

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: YOOLSER A. URBINA PEREZ

Name and Title: VP: DANIEL D. CAPPELLI MONTANEZ

Address 6617 NW 84TH AVE

Address: 6617 NW 84TH AVE

MIAMI, FL 33166

MIAMI, FL 33166

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: YOOLSER A. URBINA PEREZ
Address: 6617 NW 84TH AVE
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOOLSER A. URBINA PEREZ
Address: 6617 NW 84TH AVE
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/06/2020 (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

X  _____ 01/06/2020
Required Signature/Registered Agent 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.

X  _____ 01/06/2020
Required Signature/Incorporator Date