

1/27/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P20000006888

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FLORIDA PROFIT/NON PROFIT CORPORATION
BARILLA CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME BARILLA CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

407 LINCOLN RD STE 11 H

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAURA PERDOMO (P)

Name and Title:

Address

407 LINCOLN RD

Address:

STE 11 H

MIAMI BEACH, FL 33139

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: LAURA PERDOMO
Address: 407 LINCOLN RD STE 11 H
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAURA PERDOMO
Address: 407 LINCOLN RD STE 11 H
MIAMI BEACH, FL 33139

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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

1/24/2020

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

1/24/2020

Date