

P200000409910101
Florida Department of StateDivision of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

C.I. SIDE BY SIDE SOLUTION, CORP

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

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FEB - 6 2020

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2020 FEB - 5 PM 1:16
CORPORATIONS
SPECIAL
SERVICES

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: C.I. SIDE BY SIDE SOLUTION, CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

14410 SW 9TH ST.

14410 SW 9TH ST.

MIAMI, FL 33184

MIAMI, FL 33184

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: NELSON O. CONTRERAS GALVIZ

Name and Title: VP: MARIO F. ROJAS GORDILLO

Address 14410 SW 9TH ST.

Address: 14410 SW 9TH ST.

MIAMI, FL 33184

MIAMI, FL 33184

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: NELSON O. CONTRERAS GALVIZ
Address: 14410 SW 9TH ST.
MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NELSON O. CONTRERAS GALVIZ
Address: 14410 SW 9TH ST.
MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/04/2020 (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

Required Signature/Registered Agent

02/04/2020

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.

X

Required Signature/Incorporator

02/04/2020

Date