

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(H20000063782 3)

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(((H20000063782 3)))



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To:

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

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

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

Email Address: sunbiz.sicont@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CANEL GROUP INC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

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COVER LETTER

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

SUBJECT: CANEL GROUP 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SICONT ENTERPRISES OF AMERICA INC

Name (Printed or typed)

13674 VILLAGE PARK DR STE 250

Address

ORLANDO, FL 32837

City, State & Zip

407-443-8873

Daytime Telephone number

SUNBIZ.SICONT@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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 NAMEThe name of the corporation shall be: CANEL GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address13574 VILLAGE PARK DR. STE 250ORLANDO, FL 32837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE COMPANY WILL ENGAGE IN ANY AND ALL LAWFUL BUSINESS ALLOWED IN THE UNITED STATES OF
AMERICA AND THE STATE OF FLORIDA.

ARTICLE IV SHARESThe number of shares of stock is: 5000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDRES EDUARDO BALZA RINCON, PAddress 13574 VILLAGE PARK DR STE 250ORLANDO, FL 32387Name and Title: OSWALDO ALFREDO BALZA RINCON, VPAddress: 13574 VILLAGE PARK DR STE 250ORLANDO, FL 32387Name and Title: PEDRO PABLO BALZA RINCON, SAddress 13574 VILLAGE PARK DR STE 250ORLANDO, FL 32387

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(H20000063782 3)

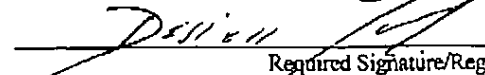
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ORLANDO REGISTERED AGENTS LLCAddress: 13574 VILLAGE PARK DR STE 250ORLANDO, FL 32837**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: DESIREE TORRESAddress: 13574 VILLAGE PARK DR STE 250ORLANDO, FL 32837**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

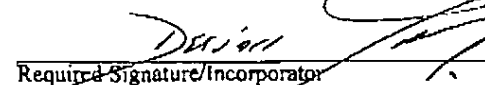
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

02/18/2020

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

02/18/2020

Date

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