

P20000021233

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
UNFOLD SAIL CORP**

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TALLAHASSEE FLORIDA

File 3/11/2020

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

ARTICLE I NAMEThe name of the corporation shall be: UNFOLD SAIL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6625 MIAMI LAKES DR STE 423MIAMI LAKES, FL 33014**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: MORAIMA JACANAMIJOY (P)

Name and Title: _____

Address 6625 MIAMI LAKES DR

Address: _____

STE: 423MIAMI LAKES, FL 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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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: MORAIMA JACANAMIJOYAddress: 6625 MIAMI LAKES DR STE: 423MIAMI LAKES, FL 33014ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MORAIMA JACANAMIJOYAddress: 6625 MIAMI LAKES DR STE: 423MIAMI LAKES, FL 33014

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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

03/10/2020

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

03/10/2020

Date