

P2000006413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000290350 3)))



H200002903503ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

FLORIDA
DEPARTMENT OF
CORPORATIONS

20 AUG 21 PM 5:50

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**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
DEPARTMENT OF
CORPORATIONS

2020 AUG 21 PM 3:47

**FLORIDA PROFIT/NON PROFIT CORPORATION
DE MOVEMENT CORP.**

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

C RICO
AUG 21 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

De Movement Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12002 SW 4 TERR

MIAMI FL 33184

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ORFELI SOLIS GARCIA (P)

20110621 PM 5:50
FLORIDA
CORPORATION
REGISTRATION
SEARCH

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ORFELI SOLIS GARCIA

12002 SW 4 TERR

MIAMI FL 33184

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ORFELI SOLIS GARCIA

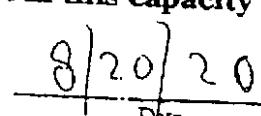
12002 SW 4 TERR

MIAMI FL 33184

Required Signatures:

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

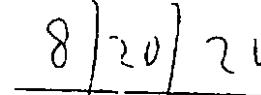


Registered Agent

8/20/20
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.



Incorporator

8/20/20
Date