P2000068441

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Susmess Chity Harney			
(Document Number)			
Certified Copies Certificates of Status			
Constitution of Filtra Officer			
Special Instructions to Filing Officer:			





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SECRETALY OF STATE
TALLAHASSEE, FL

2020 SEP -2 PH 12: 59

N CULTIFY ...

C	ORPORAT.	Ę
,	ACCESS,	_
	INC.	

When you need ACCESS to the world

v236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALKIN				
		PICK (UP: <u>09/02/2020</u>	
		CERTIFIED COPY		
	XX	РНОТОСОРУ		
		CUS		
	хх	FILING	INC	
1.		BABARIA NORTH AMER (CORPORATE NAME AND DOCUME		
2.		(CORPORATE NAME AND DOCUME		
3.		(CORPORATE NAME AND DOCUME	NT #)	
4.		(CORPORATE NAME AND DOCUME	NT #)	
5.		(CORPORATE NAME AND DOCUME	NT #)	
6.		(CORPORATE NAME AND DOCUME	NT #)	
	CIAI TRU	I. CTIONS:		

COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: Bab	earia North Ameri	ca Corp.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	78 SW 7th St., Suite 5	(Printed or typed)	nw
	Miami, FL 33130	State & Zip	

3057988878

irina@rothpalaw.com

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

Daytime Telephone number

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

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

riame of the corpo	ration shall be: Babaria North Ame		-
5 N.W. 701H Avenue	NCIPAL OFFICE Principal street address		Mailing address, if different is:
mi, Florida 33122			
TICLE III PUR	POSE the corporation is organized is:	d lawful bu	siness
			262 b SEC 177
			OREF
		-	4+1A 4+1A 2- °- 2
			33 P
-			1: CO
			O O
TICLE IV SHA number of shares of	RES of stock is: 100 IAL OFFICERS AND/OR DIRECTORS		
	<i>IAL OFFICERS AND∕OR DIRECTORS</i> tle: David Arregui Ferrando, Director	Name and Title	Gerd Lowen, Directo
TICLE V INIT	NAL OFFICERS AND/OR DIRECTORS Re: David Arregui Ferrando, Director Pol. Ind. Castilla, 8-3,	Name and Title Address:	Pol. Ind. Castilla, 8-3
TICLE V INIT Name and Ti	Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia)		Pol. Ind. Castilla, 8-3 46380 Cheste (Valenc
TICLE V INIT Name and Ti	NAL OFFICERS AND/OR DIRECTORS Re: David Arregui Ferrando, Director Pol. Ind. Castilla, 8-3,		Pol. Ind. Castilla, 8-3
Name and Ti Address	Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia)	_ Address: -	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain
Name and Ti Address	Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia) Spain	_ Address:	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain
Name and Ti Address Name and Title	Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia) Spain	_ Address: Name and Title Address:	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain
Name and Ti Address Name and Title	Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia) Spain	_ Address:	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain
Name and Ti Address Name and Titl Address	David Arregui Ferrando, Director Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia) Spain	Address: Name and Title. Address:	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain
Name and Ti Address Name and Titl Address	AL OFFICERS AND/OR DIRECTORS David Arregui Ferrando, Director Pol. Ind. Castilla, 8-3, 46380 Cheste (Valencia) Spain	Address: Name and Title: Address:	Pol. Ind. Castilla, 8-3 46380 Cheste (Valence Spain

Name and T	itle:	Name and Title:	
Address		Address:	
	-		
The name and Florid	GISTERED AGENT la street address (P.O. Box NOT acceptable) of	the registered agent for	
_	Roth Private Advising Law	the registered agent is.	
	78 SW 7th Street, Suite 500		2020 SEC
	fliami, FL 33130		SEP SEP ALLY
ARTICLE VII INC	CORPORATOR		2020 SEP -2 PM 1: 00 SECRETARY OF STATE TALLIAHASSEE, FL
The name and addre	ss of the Incorporator is:		E ST/
Name:	Irina Roth Neumann, Esq.		T ATE
Address:	78 SW 7th Street, Suite 500		
	Miami, FL 33130		
(If an effective date if filing.) Note: If the date inse	FECTIVE DATE: r than the date of filing: is listed, the date must be specific and cannot rted in this block does not meet the applicable s ive date on the Department of State's records.	be more than five days price	·
Having been named a certificate, I am famili	s registered agent to accept service of process for iar with and accept the appointment as registere	r the above stated corporation d agent and agree to act in thi	at the place designated in this is capacity
	THE STATE OF THE S		09/01/2020
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	nt and affirm that the facts stated herein are to rtment of State constitutes a third degree felony	rue. I am aware that the fals as provided for in s.817.155, i	e information submitted in a F.S.
	THE STATE OF THE S		09/01/2020
Required Signature/In	corporator	Date	