

Proceedings

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.

((H20000356671 3)))



H200003566713ABC/

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

To:

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

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.L.C.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Artanis Corporation

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED
20 OCT 13 PM 5:27
OCT 14 2020
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ARTANIS CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address
2555 PONCE DE LEON BLVD SUITE 600
CORAL GABLES FL 33134

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 2,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>BARREDA, FRANCISCO- DIRECTOR</u>	Name and Title:	<u>ETEROVIC, FELIPE- DIRECTOR</u>
Address:	<u>2555 PONCE DE LEON BLVD</u>	Address:	<u>2555 PONCE DE LEON BLVD</u>
	<u>SUITE 600</u>		<u>SUITE 600</u>
	<u>CORAL GABLES FL 33134</u>		<u>CORAL GABLES FL 33134</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

FILED
20 OCT 13 PM 5:27
SEAL AND STAMP
TALLAHASSEE, FLORIDA

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: TRANSWORLD BUSINESS MANAGEMENT LLC
Address: 2555 PONCE DE LOEN BLVD SUITE 600
CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRES E. BAZO
Address: 2555 PONCE DE LEON BLVD SUITE 600
CORAL GABLES FL 33134

FILED
20 OCT 13 PM 5:27
TALLAHASSEE, FLORIDA

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
Date 10/08/20

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
Date 10/08/20