

P20000085583

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
SPAZIO7, INC

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

2020 NOV -3 PM 4:02

2020 NOV -3 PM 2:53

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SPAZIO7, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11481 NW 41 ST. APT 6212

11481 NW 41 ST. APT 6212

DORAL, FL 33178

DORAL, FL 33178

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: P: SIMON T. LIANSKI DEGETTO

Name and Title: VP: LUISANGELICA. SUAREZ MORA

Address 11481 NW 41 ST

Address: 11481 NW 41 ST

APT: 6212

APT: 6212

DORAL, FL 33178

DORAL, FL 33178

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: SIMON T. LIANSKI DEGETTO
 Address: 11481 NW 41 ST. APT 6212
 DORAL, FL 33178

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SIMON T. LIANSKI DEGETTO
 Address: 11481 NW 41 ST. APT 6212
 DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

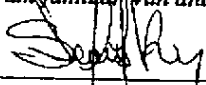
Effective date, if other than the date of filing: 11/02/2020

(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*

X



Required Signature/Registered Agent

10/30/2020

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.

X



Required Signature/Incorporator

10/30/2020

Date