P20000086875

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.

(((H20000387725 3)))

H20000387725ABC1

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000145
Phone : (305)444-4994
Fax Number : (305)444-4977

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 PROFIT/NON PROFIT CORPORATION
ELSITDIESA INTERNATIONAL INC

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

2020 NOV -9 PM 12:18

2020 NOV -9 PM 6:38

Electronic Filing Menu Corporate Filing Menu Help

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: ELSITDIESA INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
5445 COLLINS AVE. MIAMI BEACH Fl 33140	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORT AND EXPORT

IMPORTACION Y EXPORTACION DE EQUIPOS, MAQUINARIA , VEHICULOS MATERIAL ELECTRICO, MATERIAL MECANICO, ACCESORIOS ILUMINACION INDUSTRIAL, EQUIPAMIENTO PARA PUERTO EQUIPAMIENTO PARA ASTILLEROS REPUESTOS TELECOMUNICACION Y SEGURIDAD

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLA GABRIELA CARRASCO OSEJOS	Name and Title: PATRICIO JOSE CASTILLO COBOS
Address 5445 COLLINS AVE. MIAMI BEACH Fl 33140	Address: 5445 COLLINS AVE. MIAMI BEACH Fl 33140
CEO	PRESIDENT
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

2020 NOV -9 PM 6:38

SECRETARY OF STATE 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: PATRICIO JOSE CASTILLO COBOS

Address: 5445 COLLINS AVE MIAMI BEACH FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAYLA GABRIELA CARRASCO OSEJOS

Address: 5445 COLLINS AVE MIAMI BEACH FL 33140

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

_____ 11-05-2020

Required Signature/Registered Agent 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.

_____ 11-05-2020

Required Signature/Incorporator Date

2020 NOV -9 PM 6:39

STATE
TALLAHASSEE, FL