

P20000090486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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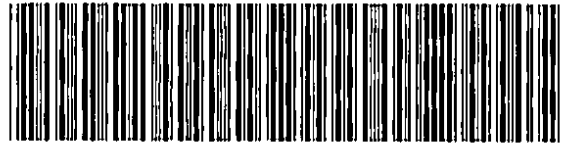
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 NOV 20 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N C

11/20

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/20/2020

****WALK IN****

ENTITY NAME LINVISIBLE AMERICAS INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: LINVISIBLE AMERICAS INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

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

FILED

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: LINVISIBLE AMERICAS INC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9200 South Dadeland Blvd.- Suite 508

Miami, Florida 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any act or activity permitted by State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Menegatti, Sole Officer

Name and Title:

Address Via Alberto Lollo, 16

Address:

44121 Ferrara (FE) Italy

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 AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: United Corporate Services, Inc.

Address: 9200 South Dadeland Blvd., Ste. 508

Miami, FL 33156

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Antonio Menegatti

Address: Via Alberto Lollo, 16

44121 Ferrara (FE) Italy

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

Michael A. Barr

Required Signature/Registered Agent

11-20-2020

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.

Antonio Menegatti

Required Signature/Incorporator

11-20-2020

Date

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SECRETARY OF STATE
TALLAHASSEE, FL

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