P21000022899

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-JP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	





800361721148

2021 HAR 15 FILL 43

2

2:08

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 703791 / 8020289 AUTHORIZATION : COST LIMIT : \$ 70.00 ORDER DATE: March 12, 2021 ORDER TIME : 12:50 PM ORDER NO. : 703791-005 CUSTOMER NO: 8020289 DOMESTIC FILING NAME: CALABRUIX USA, INC. EFFECTIVE DATE: _XX___ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

COVER LETTER

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

GUBJECT: CALABRUIX USA, INC.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		A GARCIA		
		e (Printed or typed) TH ST SUITE 1712		
_		Address		
_		State & Zip		
		598-8009		
		Telephone number		
		a@rclawllp.net d for future annual report r	notification)	
	is man address. (to be take	a ioi iaiaio amiaa reporti		

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

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

ARTICLE 1 NAME The name of the corporat	ion shall be: CALABRUIX USA	A, INC.		
<u>ARTICLE II PRINC</u> 175 SW 7TH ST S	Principal street address	Ŋ	failing address, if dif	fferent is:
MIAMI, FL, 33136	0			
	osE ne corporation is organized is:any y be organized under Florid		ts or activities	s for which
				20
				2021 HAS
ARTICLE IV SHARE The number of shares of s			:	11 H. J.
Name and Title	L OFFICERS AND/OR DIRECTORS Ana Maria Boix - P	Name and Title:_	CARLES SUM	
	LLE ELECTRICITAT, 6-CAS 60, SANT JUST DESVERN, S	Address.		ESVERN, SPAIN
Name and Title:	XAVIER RUIZ - S	Name and Title:_		
Address	175 SW 7TH ST SUITE 1712	Address: _		
	MIAMI, FL, 33130			
Name and Title:		Name and Title:_		
Address		Address:		

Name and	Title:	Name and Title:		
Address		Address:		
		_		
ARTICLE VI - RI	EGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	CORPORATION SERVICE COMP	ANY		
Address:	1201 HAYS ST			
-	TALLAHASSEE, FL, 32301			
ARTICLE VII - IS	NCORPORATOR			
	ress of the Incorporator is:			
Name:	MARTA GARCIA			
Address:	175 SW 7TH ST SUITE 1712	_		
. 100. 203.	MIAMI, FL, 33130	_		
ARTICLE VIII - F	EFFECTIVE DATE:			
Effective date, if ot	her than the date of filing:	(OPTIONAL	.)	
(If an effective dat filing.)	te is listed, the date must be specific and can	not be more than five days	orior or 90 days after the	
	nserted in this block does not meet the applicable tive date on the Department of State's record		ts, this date will not be listed as	
	d as registered agent to accept service of proces; niliar with and accept the appointment as regis;			
•	Swands & Polimen		03/15/2021	
	Required Signature/Registered Agent		Date	
	nent and affirm that the facts stated herein a partment of State constitutes a third degree felo			
1, 20%	Kening		3.10.2021	
Required Signature/Incorporator		D	Date	