

3/22/2021

P21000025861Division of Corporations
Florida Department of StateDivision 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.

(((H21000115409 3)))



H210001154093ABCX

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

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

Email Address: KobeHemp@gmail.comFLORIDA PROFIT/NON PROFIT CORPORATION
KOBE HEMP CORP

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

FILED
21 MAR 23 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2021 MAR 23 AM 9:32
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

H 21 000 115409 3

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: KOBE HEMP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street
12179 SW 50 CT
COOPER CITY FL 33330

Mailing address, if different is:

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Gisela Colombo- President

Name and Title:

Address

12179 SW 50 CT
COOPER CITY FL 33330

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
21 MAR 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 21000 115409

3

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: Maria Gisela Colombo
Address: 12179 SW 50 CT
COOPER CITY FL 33330

FILED
21 MAR 23 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maria Gisela Colombo
Address: 12179 SW 50 CT
COOPER CITY FL 33330

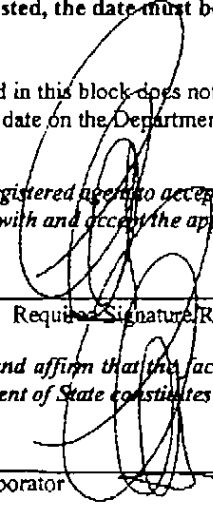
ARTICLE VIII EFFECTIVE DATE:

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 Agent3/22/2021
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.

Required Signature/Incorporator3/22/2021
Date