

4/8/2021

D2 100031592

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
HDUQUE CAM INC

Certificate of Status	0
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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: HDUQUE CAM INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
923 NE 199 STREET UNIT 203
MIAMI, FL 33179

Mailing address, if different is:
923 NE 199 STREET UNIT 203
MIAMI, FL 33179

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERNAN DUQUE BENAVIDES - P Name and Title: _____

Address: 923 NE 199 STREET UNIT 203 Address: _____
MIAMI, FL 33179 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: PREFERRED ACCOUNTING SERVICES, INC.
 Address: 7440 SW 50 TER SUITE 106
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HERNAN DUCUE BENAVIDES
 Address: 923 NE 199 STREET UNIT 203
MIAMI, FL 33179

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

Ana M. Costales _____ 04/08/2021
 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.

Hernan Digue Benavides _____ 04/08/2021
 Required Signature/Incorporator Date

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