

Florida Department of State  
 Division of Corporations  
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**P2100017773 3**

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5/4/21

To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
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\*\*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 LIMITED LIABILITY CO.  
 911 MOLD CORP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 MAY -3 PM 1:56

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

**ARTICLE I NAME:** The name of the corporation is:

911 Mold Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1847 NW 130 AV

Pembroke Pine, FL 33029

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

(VP) GABRIEL A. GIL DESEDA

(P) GIOVANNI GIANLUCA DORSO

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

4220 NW 107 AV

APT #2501 DORAL, FL 33178

GABRIEL A. GIL DESEDA

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

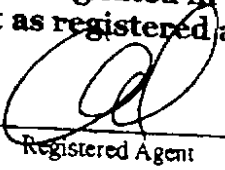
GABRIEL A. GIL DESEDA

4220 NW 107 AVE

DORAL FL 33178 APT #2501

**Required Signatures:**

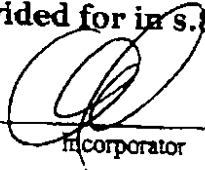
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Incorporator

Date