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(((H210002226173)))



H210002226173ABCX

To:		
	Division of Co	•
	Fax Number	: (850)617-6381
From:		
	Account Name	: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
	Account Number	: 07535 000 0353
	Phone	: (800)221-2972
	Fax Number	: (917)243-5843
*Enter	the email addres	s for this business entity to be used for future

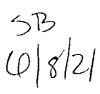
FLORIDA PROFIT/NON PROFIT CORPORATION GEOMCO Inc

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Help



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

ARTICLE I NAME	ion shall be:				
i ne name or the corporati	ion shall oc:				
ARTICLE II PRINC		Mail	ing address if differen	t in-	
Principal street address 100 S Pointe Dr. TH-10		100) S Poin	ing address, if differen to Dr.	. 15,
Miami Beach, FL 3	Miami Beach, FL 33139				
ARTICLE III PURPO	SE	1	_	00	
The purpose for which th	SE ne corporation is organized is: TEVEV	13100 -	+7LM	PROPUCTYON	
					
					771
				• • • • • • • • • • • • • • • • • • • •	<u> </u>
ARTICLE IV SHARE	<u>x</u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I he number of shares of s	stock is:				ص ۔۔ ۔ بی
ADTICLE 1/ INITIA	L OFFICERS AND/OR DIRECTORS				3 :
Name and Title	Georgia Cohen - Director	Name and	Title:		
Address	100 S Pointe Dr. TH-10	Address:			
	Miami Beach, FL 33139				
	Main Bouch, 1 D 33 137				
					
Name and Title:		Name and	Title:	•	
Address		Address:			
		_		•	
				□=-	
		. . 1	i mist.		
Name and Title:		Name and	i itie:		.
Address		Address:			
		_			
		_	_		

Name a	nd Title:	Name and Title:			
Addres		Address:		···-	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	Georgia Cohen				
Address:	100 S Pointe Dr. TH-10				
	Miami Beach, FL 33139			21 SEP	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			JUN -	
The name and a	address of the Incorporator is:			SFE SFE	į
Name:	Georgia Cohen				[[]
Address:	100 S Pointe Dr. TH-10			11:1	٠,,
	Miami Beach, FL 33139			6	
Effective date, i (If an effective filing.)	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and		lays prior or 90 day		
Note: If the da the document's	te inserted in this block does not meet the apple effective date on the Department of State's re	licable statutory filing requir cords.	ements, this date will	not be listed as	
Having been no certificate, I am	imed as registered agent to accept service of pro familiar with and accept the appointment as r	ocess for the above stated cor egistered agent and agree to	poration at the place of act in this capacity	designated in this	
lan			06/04/20)21	
	Required Signature/Registered Age	nt		Date	
I submit this de	ocument and affirm that the facts stated here	in are true. I am aware that	the false informatio	n submitted in a	
document to the	e Department of State constitutes a third degree	e jesony as provided jor in 5.6	96/04/20)21	
Required Signa	ture/Incorporator		Date		