

P21 0000 55551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

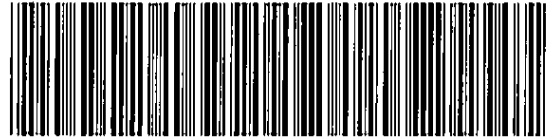
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FL

al

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 854503 8020289

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : June 11, 2021

ORDER TIME : 1:55 PM

ORDER NO. : 854503-005

CUSTOMER NO: 8020289

DOMESTIC FILING

NAME: FRINSA USA CORP.

EFFECTIVE DATE:

XX _____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

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FILING
STATE OF FLORIDA
-D

COVER LETTER

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

SUBJECT: FRINSA USA CORP.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARTA GARCIA

Name (Printed or typed)

175 SW 7TH STREET

Address

MIAMI, FL 33130

City, State & Zip

7865988007

Daytime Telephone number

marta.garcia@rclawllp.net

E-mail address: (to be used for future annual report notification)

2001 JUN 11 AM 11:39

60

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 I NAME

The name of the corporation shall be: FRINSA USA CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

175 SW 7TH STREET

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful activities permitted under FL law

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE CARREGAL VARELA / CEO

Name and Title: _____

Address STRD. XERAL 0073

Address: _____

RIBEIRA, A CORUNA

Name and Title: XAVIER RUIZ/ SECRETARY

Name and Title: _____

Address 175 SW 7TH STREET

Address: _____

MIAMI, FL 33130

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARTA GARCIA

Address: 175 SW 7TH STREET

MIAMI, FL 33130

REC JUN 11 AM 11:39
CLERK OF SUPERIOR COURT
JUN 11 2021


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

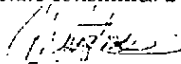


Required Signature/Registered Agent

06/11/2021

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.

MARTA GARCIA 

Required Signature/Incorporator

6/11/2021

Date