

P2100057439

Florida Department of State
Division of Corporations
Filing Cover Sheet

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

From: Account Name : KIDJENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

2021 JUN 17 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****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 PROFIT/NON PROFIT CORPORATION
CARGONAM EXPORT, INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

JUN 18
T. SCOTT

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JUN 18 2021

T. SCOTT

No. 0566 P. 6

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

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

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

Address

City, State & Zip

Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

Jun. 17. 2021 2:41PM

No. 0566 P. 7

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: CARGONAM EXPORT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
8377 NW 68 ST,
MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Import and Export

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE IGNACIO GALLO DIAZ P Name and Title: _____

Address 8377 NW 68 ST Address: _____

MIAMI, FL 33166

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Jun. 17. 2021 2:41PM

No. 0566 P. 8

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: JOSE IGNACIO GALLO DIAZ
Address: 8377 NW 68 ST
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GALLO DIAZ JOSE IGNACIO
Address: 8377 NW 68 ST
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/17/2021 (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

Jose Ignacio Gallo
Required Signature/Registered Agent

06/17/2021
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.

Jose Ignacio Gallo
Required Signature/Incorporator

06/17/2021
Date