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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAMADRID FINANCIAL SERVICES CORP Account Name

Account Number : 120200000059 : (954)727-9771 Phone

: (954)727-9773 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address places

### FLORIDA PROFIT/NON PROFIT CORPORATION **CONCEPTWO CORP**

| Certificate of Status | 1       |
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### **COVER LETTER**

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

| SUBJECT: CONC           | EPTWO CORP                                   |  |   |             |
|-------------------------|--|--|---|-------------|
|                         | (PROPOSED CORPORA                            | ATÉ NAMÉ – <u>MUST INCL</u>                          | UDE SUFFIX)   |             |
| Enclosed are an orig    | rinal and one (1) copy of the art            | ticles of incorporation and                          | l a check for:  |             |
| □ \$70.00<br>Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |             |
| FROM: JE                | AN QUILICI                                   | e (Printed or typed)                                 |   |             |
| <u>153</u>              | 27 ADAMS STREET                              |  |   | 2921 JUN 28 |
| <u>HC</u>               | DLLYWOOD, FL 33020                           | Address  | AHARA   | • •         |
| 95                      | 4-997-4045                                   | , State & Zip  | HARAMES, FL   | 84 9: 18    |
|                         | ·  | Felephone number                                     | ा   |             |
| <u>qui</u>              | lici.juan@gmail.com                          | ed for future annual report r                        | otification)  |             |

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

## (FAX TRANSMISSIDN 12: 1000 783 1100 39547279773 Pages: 4

#### ARTICLES OF INCORPORATION

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

| ARTICLE I NAME                           | CONCEDIMO CODO                         |   |             |  |  |
|--|--|---|-------------|--|--|
| The name of the corpora                  | tion shall be: CONCEPTWO CORP          | <u> </u>                                |             |  |  |
| ARTICLE II PRINC                         | CIPAL OFFICE                           |   |             |  |  |
| 1607 ADAMO OTDEET                        | Principal street address               | Mailing address, if different is:       |             |  |  |
| 1527 ADAMS STREET HOLLYWOOD, FL 33020    |  | 1527 ADAMS STREET HOLLYWOOD, FL 33020   |             |  |  |
|  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |  |  |
|  | <del>-</del>                           | <del></del>                             |             |  |  |
| ARTICLE III PURPO                        | ng <sub>F</sub>                        |   |             |  |  |
| The purpose for which t                  | he corporation is organized is: ANY AN | ID ALL LAWFUL BUSINE                    | SS          |  |  |
|  |  |   |             |  |  |
| ****                                     |  |   | <del></del> |  |  |
| _  |  |   |             |  |  |
| <del></del>                              |  |   |             |  |  |
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|  |  | <u></u>                                 |             |  |  |
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|  |  |   | - Z         |  |  |
|  |  |   |             |  |  |
| ADTICICIV SUAD                           | e¢.                                    |   | JUN         |  |  |
| ARTICLE IV SHAR. The number of shares of | stock is: 1000                         |   | 28          |  |  |
|  |  | <del></del>                             |             |  |  |
| ARTICLE V INITIA                         | L OFFICERS AND/OR DIRECTORS            |   |             |  |  |
|  |  | DDEOIDE                                 | NT A A A    |  |  |
| Name and Title                           | ; JEAN QUILICI                         | Name and Title: PRESIDE                 | NI 5        |  |  |
| Address                                  | 1527 ADAMS STREET                      | Address:                                |             |  |  |
| Addicas                                  |  | rudicis.                                |             |  |  |
|  | HOLLYWOOD, FL 33020                    | <del></del>                             |             |  |  |
|  |  |   |             |  |  |
|  |  | <del>-</del>                            | <del></del> |  |  |
| Name and Title                           | IBELISE ALVAREZ                        | Name and Title: VICE PRE                | SIDENT      |  |  |
| Name and The                             |  | Name and Title:                         |             |  |  |
| Address                                  | 155 FOXFORD COURT                      | Address:                                |             |  |  |
|  | MACON GA, 31210                        |   |             |  |  |
|  |  |   |             |  |  |
|  |  | <u></u>                                 |             |  |  |
|  |  |   |             |  |  |
| Name and Title                           | ·                                      | Name and Title:                         |             |  |  |
| 1  |  |   |             |  |  |
| Address                                  |  | Address:                                |             |  |  |
|  |  |   |             |  |  |
|  |  | <del></del>                             |             |  |  |
|  |  | <u> </u>                                |             |  |  |

# (FAX TRANSMISSION)[]77 |856075351 [4710]13547279773 Pages: 4

| Name a   | and Title:   | Name and Title:   | _             |
|--|--|---|---------------|
| Addre  | ss   | Address:  | _             |
|  |  |   | <b>-</b><br>- |
|  | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable   | e) of the registered agent is:  |               |
| Name:  | LAMADRID FINANCIAL SERVICES  |   |               |
| Address:   | 1265 S PINE ISLAND RD  | <del></del>   |               |
|  | PLANTATION, FL 33324   | <u></u> 52:   |               |
| ARTICLE VII  | <u>INCORPORATOR</u>  | 図21 JUN 28 AM 9: 48 (株分) (株本の名) FALLAHAをの名と、FAL   |               |
| The name and   | address of the Incorporator is:  | 22<br>28  |               |
| Name:  | JEAN QUILICI   | AA  |               |
| Address:   | 1527 ADAMS STREET  |   |               |
|  | HOLLYWOOD, FL 33020  |   |               |
| Effective date, (If an effective filing.)  Note: If the da | ·  | nnot be more than five days prior or 90 days after the  | as            |
|  | amed as registered agent to accept service of proce<br>of familiar with and accept the appointment as regi | ss for the above stated corporation at the place designated in t<br>istered agent and agree to act in this capacity | his           |
| ALEXIS LA  |  | 06/28/2021  | _             |
|  | Required Signature/Registered Agent  | Date  | -             |
|  | ocument and affirm that the facts stated herein<br>e Department of State constitutes a third degree fe     | are true. I am aware that the false information submitted in<br>lony as provided for in s.817.155, F.S.             | 7 a           |
| JEAN QUIL  |  | 06/28/2021  | _             |
| Required Signa   | ture/Incorporator  | Date  |               |