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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

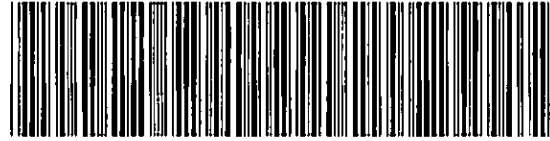
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]



Department of State

Division of Corporations

Date: 08/17/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Daedalus Capital Partners Inc

Requester: Achieve Capital

Order: CORRECTION

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COVER LETTER

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

SUBJECT: Daedalus Capital Partners INC
(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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

PATRICIO FRIAS

FROM: _____
Name (Printed or typed)
9907 THREE LAKES CIR

Address
BOCA RATON, FLORIDA 33428

City, State & Zip
561 451 6330

Daytime Telephone number
OPERATIONS@ACHIEVEGEA.COM

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

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

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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: Daedalus Capital Partners INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9907 THREE LAKES CIR
BOCA RATON, FL, 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFULL BUSINESS

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIARIA CAMPANIA S

Name and Title: _____

Address 19712 DINNER KEY DRIVE

Address: _____

BOCA RATON, FLORIDA 33498

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: PATRICIO FRIAS

Address: 9907 THREE LAKES CIR

BOCA RATON, FL, 33428

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: PATRICIO FRIAS

Address: 9907 THREE LAKES CIR

BOCA RATON, FL, 33428

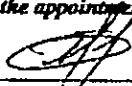
ARTICLE VIII EFFECTIVE DATE:

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

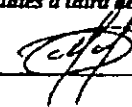


8/12/2021

Required Signature/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.



8/12/2021

Required Signature/Incorporator

Date

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