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9/24/21, 10:22 AM

Division of Corporations

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
UNION CAPITAL CONSULTING GROUP CORP

Certificate of Status	0
Certified Copy	1
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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: UNION CAPITAL CONSULTING GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

800 SE 4TH AVE

HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS PRIETO (P) Name and Title:

Address 800 SE 4TH AVE STE 711 Address: HALLANDALE BEACH, FL 33009

Name and Title: Name and Title:

Address Address:

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: JUAN CARLOS PRIETO  
 Address: 800 SE 4TH AVE  
HALLANDALE BEACH, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: JUAN CARLOS PRIETO  
 Address: 800 SE 4TH AVE  
HALLANDALE BEACH, FL 33009

**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*

 \_\_\_\_\_ 09-20-2021  
 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.*

 \_\_\_\_\_ 09-20-2021  
 Required Signature, Incorporator Date