

11/22/21, 8:58 AM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ARSALI DESIGN CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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: ARSALI DESIGN CORP

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
3401 N MIAMI AVE STE 212	
MIAMI, FL 33127	

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:	CAESAR SALINAS (P)	Name and Title:	
Address	3401 N MIAMI AVE STE 212	Address:	
	MIAMI, FL 33127		
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: PEREZ & ASSOCIATES GROUP INC
Address: 3401 N MIAMI AVE STE 212
MIAMI, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAESAR SALINAS
Address: 3401 N MIAMI AVE STE 212
MIAMI, FL 33127

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 11/19/2021
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 § 817.155, F.S.

Required Signature/Incorporator 11-19-2021
Date