

P21000438928 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000438928 3)))



H210004389283ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
SERCONSMECA, INC

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

T. SCOTT

DEC 02 2021

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: SERCONSMECA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3212 HOLDERNESS DR.

KISSIMMEE, FL 34741

Mailing address, if different is:
3212 HOLDERNESS DR.

KISSIMMEE, FL 34741

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: P: ROANNY C. ARAUJO VILLASMIL

Address 3212 HOLDERNESS DR.

KISSIMMEE, FL 34741

Name and Title: VP: ANDRES E. NOVOA MENDEZ

Address: 3212 HOLDERNESS DR.

KISSIMMEE, FL 34741

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

DEC - 1 PM 12:11

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: ANDRES E. NOVOA MENDEZ
Address: 3212 HOLDERNESS DR.
KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDRES E. NOVOA MENDEZ
Address: 3212 HOLDERNESS DR.
KISSIMMEE, FL 34741

ARTICLE VIII EFFECTIVE DATE: 11/29/2021 (OPTIONAL)
Effective date, if other than the date of filing: _____

(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

X Andres Novoa
Required Signature/Registered Agent

11/29/2021

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.

X Andres Novoa
Required Signature/Incorporator

11/29/2021

Date