

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

KRH@KENHIGGINSCPA.COM

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ARIDANIDIA INC

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

T. SCOTT
DEC 09 2021

2021 DEC -8 AM 11:46

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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: ARIDANIDIA INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>2009 N 32ND AVENUE</u>	<u></u>
<u>HOLLYWOOD, FL 33021</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ROBERTO BERRIOS - PRESIDENT/DIRECTOR</u>	Name and Title: <u></u>
Address: <u>2009 N 32ND AVENUE</u>	Address: <u></u>
<u>HOLLYWOOD, FL 33021</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
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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: ROBERTO BERRIOS
 Address: 2009 N 32ND AVENUE
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROBERTO BERRIOS
 Address: 2009 N 32ND AVENUE
HOLLYWOOD, FL 33021

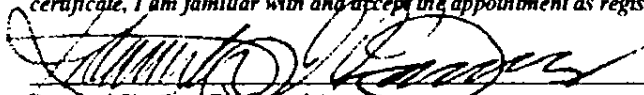
ARTICLE VIII EFFECTIVE DATE:

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

NOVEMBER 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.


 Required Signature/Incorporator

NOVEMBER 29, 2021

Date

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