

1/18/22, 11:58 AM

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

VALDIVEZ INC

Certificate of Status	0
Certified Copy	1
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T. SCOTT
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: VALDIVEZ INC**ARTICLE II PRINCIPAL OFFICE**Principal street address16723 SW 94th AVEPALMETTO BAY, FL 33157

Mailing address, if different is:

16723 SW 94th AVEPALMETTO BAY, FL 33157**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LISSETTE B. VALDIVEZ AGREDA - P

Address

16723 SW 94th AVEPALMETTO BAY, FL 33157

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

22 JAN 18 PM 12:43

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: LISSETTE B. VALDIVEZ AGREDAAddress: 16723 SW 94th AVEPALMETTO BAY, FL 33157**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: LISSETTE B. VALDIVEZ AGREDAAddress: 16723 SW 94th AVEPALMETTO BAY, FL 33157**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*

Lissette B. Valdiviez 01/18/2022
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.

Lissette B. Valdiviez 01/18/2022
Required Signature/Incorporator Date