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Division of Corporations
Florida Department of State
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To:

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

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
FUMEHOLIK INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: FUMEHOLIK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11757 Allegory Aly _____ Mailing address, if different is:
Orlando, FL 32832 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto A Atencio Parra - President Name and Title: Ricardo A Atencio Parra- Vicepresident

Address: 11757 Allegory Aly Address: 11757 Allegory Aly
Orlando, FL 32832 _____ Orlando, FL 32832 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____
Orlando, FL 32832 _____ Orlando, FL 32832 _____

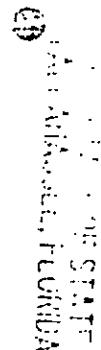
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____
Orlando, FL 32832 _____ Orlando, FL 32832 _____

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FLORIDA SECRETARY OF STATE
ORLANDO, FLORIDA

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: ALEX PINA CO
Address: 8400 NW 36th St Ste 450
Address: Doral, FL 33166FILED
03/14/2022 PM 8:47**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Roberto A Atencio Parra
Address: 11757 Allegory Aly
Address: Orlando, FL 32832**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

A handwritten signature of Alex Pina.

03/14/2022

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.

A handwritten signature of Roberto A. Atencio Parra.

03/14/2022

Required Signature/Incorporator

Date