17.

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FLORIDA PROFIT/NON PROFIT CORPORATION

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Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PR	UNCIPAL OFFICE		
	Principal street address	Mailing address	, if different is:
iomestead. F	8th Street, APT 108 L 33032		
			
TICLE III PU	RPOSE ich the corporation is organized is: to engag	e in any activity or business	permitted under th
i	ted States and the State of Florida.		por mitou di doi il
ins of the offi	ted oraces and the State of Florida.		
			TE CHA
 -			7 7
		<u> </u>	
			- 550 500
,			250
TICLE IV SH.	4RES 1 000		A SECTOR
number of spares	of stock is: 1,000		0.5
TICLE V INT	TIAL OFFICERS AND/OR DIRECTORS		<u> </u>
i	 		
Name and T	title: Eduardo Elier Olivera (President)	Name and Title:	
Address	13910 SW 268th Street, APT 108	Address:	
	Homestead, FL 33032		
		<u> </u>	
Name and Ti	tle: Misyuly Gonzalez (Vice President)	Name and Title:	
ı	13910 SW 268th Street, APT 10		
Address		Address:	
	Homestead, FL 33032		
			
Name and Ti	ile:	Name and Title:	
Address			
TARILL SE		_ Address:	
		· · · · · · · · · · · · · · · · · · ·	
			

	Name and Title:		
		Name and Title:	
	Address	Address:	
APTICI	PIG BECOMPOSE (GREEN		
The pam	EVI REGISTERED AGENT and Floridg street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Eduardo Eller Olivera		
Address	: 13910 SW 268th Street, APT 108		
	Homestead, FL 33032	•	
APTICI	<u> </u>		
The name	and address of the Incorporator is:		
Name	Eduardo Elier Ofivera	7A.c. ~2	
Addr	13910 SW 268th Street, APT 108	2022 APR SEURLIA ALLAHAS	
	Homestead, FL 33032	HAS HAS	_
		ARY SSEE	-
ARTICLI Effective	date, if other than the date of filing:	(OPTIONAL)	7
(If an effe	ective date is listed, the date must be specific and cannot		-
filing.)		Om S	•
Note: If	the date inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as	
the docum	pent's effective date on the Department of State's records.	• • • • • • • • • • • • • • • • • • • •	
Having be	ean named as registered agent to accept service of process for	the above stated comprofice at the street declarated in this	
certificate	fam familiar with and accept the appointment as registered	f agent and agree to act in this capacity	
HAN!		11/13/22	
- W	Required Signature/Registered Agent	Date	
I submit/y	his pocument and affirm that the facts stated herein are tr	ue. I am aware that the false information submitted in a	
documed	by Department of State constitutes a third degree felony of	15 provided for in s.817.155, F.S.	
<u> </u>		4/13/27	
Required	gradure/Incorporator	Date	