

4/20/22, 4:28 PM

Division of Corporations

P22000000052

Florida Department of State
Division of Corporations
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Division of Corporations
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Phone : (305)858-9900
Fax Number : (305)285-0015

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

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FLORIDA PROFIT/NON PROFIT CORPORATION KABANA TADIA INVESTMENT CORP.

Certificate of Status	0
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Kabana Tadia Investment Corp**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:** Elena Diaz

Name (Printed or typed)

2665 South Bayshore Drive, Suite 703

Address

Miami, Florida 33133

City, State & Zip

305-8589900

Daytime Telephone number

ediaz@richards-law.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.2023 APR 20 PM 1:58
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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: Kabana Tadia Investment Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
2665 South Bayshore Drive, Suite 703
Miami, Florida 33133

Mailing address, if different is:
2665 South Bayshore Drive, Suite 703
Miami, Florida 33133

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rita Arteaga Rodriguez, P / D

Name and Title: _____

Address 2665 S. Bayshore Drive, Suite 703
Miami, Florida 33133

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FL

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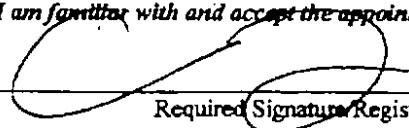
Name and Title: _____ Name and Title: _____

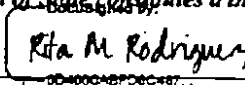
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: World Corporate Services IncAddress: 2665 S. Bayshore Drive, Suite 703Miami, Florida 33133**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Rita Arteaga RodriguezAddress: 2665 South Bayshore Drive, Suite 703Miami, Florida 33133**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 Agent4/19/2022
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/Incorporator4/19/2022 | 10:36 AM PT
Date