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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

RECEIVED
2022 APR 25 PM 12:27
FLORIDA DEPARTMENT OF
CORPORATIONS
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL SPACE CONCEPTS CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

T. SCOTT

APR 26 2022

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COVER LETTER

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

SUBJECT: ALL SPACE CONCEPTS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** JOSE ALVEIRO JIMENEZ GARZON

Name (Printed or typed)

9701 NW 7TH CIRCLE APT 225

Address

PLANTATION, FL 33324

City, State & Zip

57 (310) 570-9381

Daytime Telephone number

JALVJOTA@YAHOO.COM

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

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAMEThe name of the corporation shall be: ALL SPACE CONCEPTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
9701 NW 7TH CIRCLE APT 225
PLANTATION, FL 33324Mailing address, if different is:
9701 NW 7TH CIRCLE APT 225
PLANTATION, FL 33324**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE ALVEIRO JIMENEZ GARZON Name and Title: PRESIDENTAddress: CALLE 182 N 50C-45 CASA 47
BOGOTA - COLOMBIA

Address: _____

Name and Title: DIANA RAMIREZName and Title: VICE PRESIDENTAddress: 9701 NW 7TH CIRCLE APT 225
PLANTATION, FL 33324

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: LAMADRID FINANCIAL SERVICES CORPAddress: 1265 S PINE ISLAND RDPLANTATION, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JOSE ALVEIRO JIMENEZ GARZONAddress: 9701 NW 7TH CIRCLE APT 225PLANTATION, FL 33324**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/25/2022 (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

ALEXIS LAMADRID
Required Signature/Registered Agent

04/25/2022
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.

JOSE ALVEIRO JIMENEZ GARZON
Required Signature/Incorporator

04/25/2022
Date

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