

**P22000031521**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

### Arcadis Projects and Supplies Corp

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

RECEIVED

2022 APR 27 PM 12:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

2022 APR 27 PM 8:03

FILED

# COVER LETTER

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

**SUBJECT:** Arcadis Projects and Supplies 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 Angel Castro Cerven

Name (Printed or typed)

1265 S Pine Island Rd

Address

Plantation, FL 33324

City, State & Zip

954-727-9771

Daytime Telephone number

lventura@selektro.us

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

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

*H 22 0001521773*

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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: Arcadis Projects and Supplies Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1285 S Pine Island Rd  
Plantation, FL 33324

Mailing address, if different is: SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose A Castro Cerven - President

Name and Title: Ricardo A Trejo Castro - VP

Address: Parque Residencial Los Overos Calle D Casa # D33  
Turnero Estado Aragua, Venezuela

Address: Parque Residencial Los Overos Calle D Casa # D33  
Turnero Estado Aragua, Venezuela

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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2022 APR 27 PM 8:04  
CLERK OF COURT  
JANET L. BROWN

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: Lamadrid Financial Services Corp  
 Address: 10154 W Flagler Street  
Miami, FL 33174

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jose Angel Castro Cerven  
 Address: 1265 S Pine Island Rd  
Plantation, FL 33324

**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 Agent 4-27-22  
 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.*

[Signature]  
 Required Signature/Incorporator 4-27-22  
 Date

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 10154 W FLAGLER ST  
 MIAMI, FL 33174