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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 : CAPITAL PRO SERVICES, LLC
Account Number : I20220000008
Phone : (772)249-5273
Fax Number : (772)264-6100

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

Email Address: inblockdesign@gmail.com

FILED
2022 MAY 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

In Block Design Corp

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SECTION

Electronic Filing Menu Corporate Filing Menu Help

T. BURCH
MAY 13 2022

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COVER LETTER

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

SUBJECT: IN BLOCK DESIGN 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: CAPITAL PRO SERVICES LLC
Name (Printed or typed)

1972 SW CAMEO BLVD
Address

PORT ST LUCIE, FL 34953
City, State & Zip

772.249.5273
Daytime Telephone number

inblockdesign@gmail.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 NAME

The name of the corporation shall be: IN BLOCK DESIGN CORP

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1972 SW CAMEO BLVD
PORT ST LUCIE, FL 34953

Mailing address, if different is:

1972 SW CAMEO BLVD
PORT ST LUCIE, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL ACTIVITIES

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR J. RIVERA GUTIERREZ
Address: C/O CAPITAL PRO SERVICES, LLC
1972 SW CAMEO BLVD
PORT ST LUCIE, FL 34953

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: CAPITAL PRO SERVICES, LLC

Address: 1972 SW CAMEO BLVD

PORT ST LUCIE, FL 34953

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR J. RIVERA GUTIERREZ

Address: C/O CAPITAL PRO SERVICES, LLC

1972 SW CAMEO BLVD, PORT ST LUCIE, FL 34953

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

Hadase G. Ramirez Agosto — 5/13/2022

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.

_____ 5/13/2022

Required Signature/Incorporator — Date

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