

**P22000045014**Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

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

Email Address: arimirservices@gmail.comFLORIDA PROFIT/NON PROFIT CORPORATION  
CAZZUELOS CORP

Certificate of Status	1
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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: CAZZUELOS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

644 MERIDIAN AVE  
APT 7MIAMI BEACH FL 33139**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: 1200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GABRIELA S PALINA- PRESIDENT Name and Title: \_\_\_\_\_Address 644 MERIDIAN AVE Address: \_\_\_\_\_APT 7MIAMI BEACH FL 33139

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

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

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

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

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ARIMIR SERVICES  
MIAMI BEACH FL

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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: GABRIELA S PALINA  
Address: 644 MERIDIAN AVE APT 7  
MIAMI BEACH FL 33139

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: GABRIELA S PALINA  
Address: 644 MERIDIAN AVE APT 7  
MIAMI BEACH FL 33139

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/07/2022 (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*

\_\_\_\_\_  
Required Signature/Registered Agent 06/07/2022  
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/Incorporator 06/07/2022  
Date

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