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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (305)406-3999

****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
CYGNUS BIO PRODUCT CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

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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: CYGNUS BIO PRODUCT CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

10800 NW 88TH TERRACE

DORAL, FL 33178-2135

Mailing address, if different is:

10800 NW 88TH TERRACE

DORAL, FL 33178-2135

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISNELDA DEL CARMEN HERNANDEZ GODOY Name and Title: PRESIDENT

Address: 10800 NW 88TH TERRACE

DORAL, FL 33178-2135

Address: 10800 NW 88TH TERRACE

DORAL, FL 33178-2135

Name and Title: RENZO ALEJANDRO SEBASTIANI HERNÁNDEZ Name and Title: VICE PRESIDENT

Address: 10800 NW 88TH TERRACE

DORAL, FL 33178-2135

Address: 10800 NW 88TH TERRACE

DORAL, FL 33178-2135

Name and Title: STIVENSON INGELBERTH MAZUREK MOGOLLON Name and Title: TREASURER

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Address 10800 NW 88TH TERRACE

Address: 10800 NW 88TH TERRACE

DORAL, FL 33178-2135

DORAL, FL 33178-2135

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: ISNELDA DEL CARMEN HERNANDEZ GODOY

Address: 10800 NW 88TH TERRACE
DORAL, FL 33178-2135

ARTICLE VII INCORPORATOR

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

Name: ISNELDA DEL CARMEN HERNANDEZ GODOY

Address: 10800 NW 88TH TERRACE
DORAL, FL 33178-2135

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

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CLERK OF COURT
STATE OF FLORIDA

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/s/ Pamela del Carmen Hernandez Godoy.
Required Signature/Registered Agent

June 7, 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.

/s/ Pamela del Carmen Hernandez Godoy.
Required Signature/Incorporator

June 7, 2022
Date

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MILWAUKEE, FL