P22000058383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000249270 3)))

H22000249270 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FILED
2022 JUL 22 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
NEW HORIZONS TECHNOLOGY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

FILED
2022 JUL 22 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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: NEW HORIZONS TECHNOLOGY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

999 Ponce de Leon Blvd Ste 935,
Coral Gables, FL 33134

Mailing address, if different is:

999 Ponce de Leon Blvd Ste 935,
Coral Gables, FL 33134

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: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Jasso Esquivel - P

Address: 999 Ponce de Leon Blvd Ste 935,
Coral Gables, FL 33134

Name and Title:

Address:

Name and Title: Luz E. Brambila - VP

Address: 2700 Dorothy Dr
Aurora IL 60504

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2022 JUL 22 AM 8:34

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: Myriam C. Gonzalez, PA

Address: 999 Ponce de Leon Blvd Ste 935

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Carlos Jasso Esquivel

Address: 999 Ponce de Leon Blvd Ste 935

Coral Gables, FL 33134

FILED
2022 JUL 22 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

/s/ Myriam C. Gonzalez

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.

/s/ Juan Carlos Jasso Esquivel

Required Signature/Incorporator Date