

8/4/22, 11:01 AM

Division of Corporations

P22000061532Florida Department of State
Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
PROCESS AUTOMATION TEAM PA SA DE CV CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: PROCESS AUTOMATION TEAM PA SA DE CV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

500 SW 110TH AVEPEMBROKE PINES, FL 33025**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GILBERTO RAMIREZ RIVERO (P)

Name and Title: _____

Address

500 SW 110TH AVE

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____


ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GILBERTO RAMIREZ RIVEROAddress: 500 SW 110TH AVEPEMBROKE PINES, FL 33025**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GILBERTO RAMIREZ RIVEROAddress: 500 SW 110TH AVEPEMBROKE PINES, FL 33025**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_____
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_____
Date

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