

9/21/22, 1:00 PM

Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
PRONTAHOUSE CORP

Certificate of Status	0
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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: PRONTAHOUSE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8565 SW 152ND AVE APT: 115MIAMI, FL 33193**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: GABRIELA D. GUZMAN FIGUERA (P)

Name and Title: _____

Address 8565 SW 152ND AVE APT: 115

Address: _____

MIAMI, FL 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 SEP 2

AM 11:58

COUNTY OF MIAMI
STATE OF FLORIDA

CD

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 D. GUZMAN FIGUERAAddress: 8565 SW 152ND AVE APT: 115MIAMI, FL 33193**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: GABRIELA D. GUZMAN FIGUERAAddress: 8565 SW 152ND AVE APT: 115MIAMI, FL 33193**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_____
DateRECEIVED
SEP 21 2022
FLORIDA
DEPARTMENT OF STATE

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