

P220000074729

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.

((H22000333779 3)))



H220003337793ABC3

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 : KRAVITZ TALAMO & LEYTON, PLLC
Account Number : I20150000096
Phone : (305)558-5300
Fax Number : (305)557-1934

****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
INNOVIA RESEARCH CENTER, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

2022 SEP 27 PM 4:47

RECEIVED

2022 SEP 27 PM 2:01

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: INNOVIA RESEARCH CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8838 NW 169 Terrace
Miami Lakes, Florida 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Research Center

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sonia Martinez, President

Name and Title: _____

Address 8838 NW 169 Terrace

Address: _____

Miami Lakes, Florida 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SEP 27 AM 2:01

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: Sonia Martinez,
 Address: 8838 NW 169 Terrace
Miami Lakes, Florida 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sonia Martinez
 Address: 8838 NW 169 Terrace
Miami Lakes, Florida 33018

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 9/27/2022
 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 9/27/2022
 Date

SEP 27 AM 10:01