

Division of Corporations

P22000077628

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.

((H22000347098 3)))



H220003470983ABC2

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 : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: admin@Atecianotax.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Parra & Naranjo Services Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2022 OCT 10 PM 12:18

10/10/22

2022 OCT 10 AM 11:54

Handwritten signature

4220003470983

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: Parra & Naranjo Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3070 NW 63 ST

Miami FL 33147

Mailing address, if different is:

15715 S Dixie Hwy

Suite 211

Miami, FL 33157

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: Norka Naranjo Garcia, President

Name and Title: Lazaro Parra, Vice President

Address: 3070 NW 63 ST

Address: 3070 NW 63 ST

Miami, FL 33147

Miami, FL 33147

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

4220003470983

2022 OCT 10 AM 1:51

H22000347098 3

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: Atesiano Tax ServicesAddress: 15715 S Dixie Hwy, Suite 211Miami FL 33157**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Norka Naranjo GarciaAddress: 3070 NW 63 STMiami FL 33147**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

10/10/2022

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

10/10/2022

Date

H22000347098 3