

P22000078579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

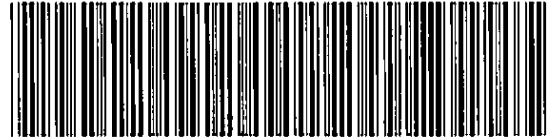
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MIAMI, FL 33175

Phone: 305-444-4994

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Shred Force shredding SERVICES Corp.
 (CORPORATE NAME) (DOCUMENT #)

2. _____
 (CORPORATE NAME) (DOCUMENT #)

3. _____
 (CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: _____



Certified Copy

☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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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: SHRED FORCE SHREDDING SERVICES CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address
8004 NW 154 ST, APT 376
MIAMI LAKES, FL 33016Mailing address, if different is:
8004 NW 154 ST, APT 376
MIAMI LAKES, FL 33016**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 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SEA WALL INVESTMENTS CORP - P

Name and Title: _____

Address 8004 NW 154 ST, APT 376
MIAMI LAKES, FL 33016

Address: _____

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 AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JORGE L. VELAZQUEZ
Address: 8004 NW 154 ST, APT 376
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JORGE L. VELAZQUEZ
Address: 8004 NW 154 ST, APT 376
MIAMI LAKES, FL 33016

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


Jorge Velazquez (Oct 13, 2022 13:12:10)

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.


Jorge Velazquez (Oct 13, 2022 13:17:07)

Required Signature/Incorporator

Date

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CLERK OF COURT
JANET AVILA