

P220000084713

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.

((H22000381976 3)))



H220003819763ABC5

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
C.A. ONE CONSULTING CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022-11-08 PM 1:43

Electronic Filing Menu

Corporate Filing Menu

Help

Q

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:

C.A. ONE CONSULTING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

1065 SW 8th Street

Miami, FL 33130

Suite #1423

Mailing address, if different is:

1065 SW 8th Street

Miami, FL 33130

Suite #1423

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Consulting**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christian Amado (CEO)

Name and Title: _____

Address

1065 SW 8th Street

Address: _____

Miami, FL 33130Suite #1423

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

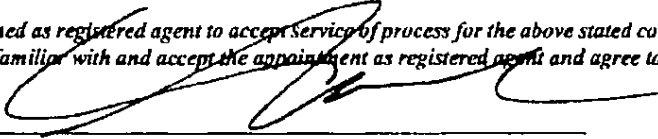
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

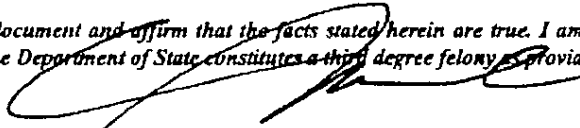
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Christian AmadoAddress: 1065 SW 8th Street
Miami, FL 33130
Suite #1423**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Christian AmadoAddress: 1065 SW 8th Street
Miami, FL 33130
Suite #1423**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/01/22 (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 Agent11/01/22

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

11/01/22