

P22000085818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

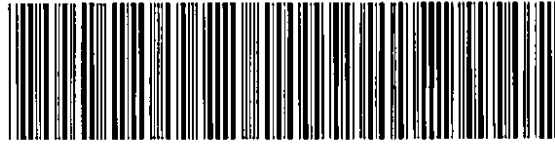
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
NOV 16 2022

NOV 15 2022
CHATHAM COUNTY
CLERK OF SUPERIOR COURT

2022 NOV 15 PM 3:26

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$70.00

Authorization Signature: James Fuller

Cachilo Beach Corp

Business

Document #

☐ Walk in
☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Incorporation (please stamp each page)

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☒ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement

APOSTIL

☐ Other

Country

XAMINER'S INITIALS:

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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XAMINER'S INITIALS:

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Cachilo Beach CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: BLUEMAX PARTNERS CORP
Name (Printed or typed)

848 BRICKELL AVE STE 1130

Address

MIAMI, FL 33131

City, State & Zip

305 - 607-3493

Daytime Telephone number

mdelloca@mdellconsulting.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Cachilo Beach CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

848 Brickell Ave. Ste 1130
Miami, Fl 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIA BIZ GROUP LLC Name and Title: _____

Address 848 Brickell Ave. Ste 1130 Address: _____

Miami, Fl 33131 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

NOTARIAL PUBLIC
J. J. J. J. J.
4/21/15 PM 1:09

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: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

RECEIVED
NOV 15 AM 11:09
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

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

Name: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

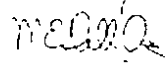
ARTICLE VIII EFFECTIVE DATE:

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

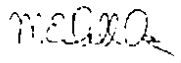


Required Signature/Registered Agent

11/15/2022

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

11/15/2022

Date