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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GSL ACCOUNTING SERVICES
Account Number : 120200000184
Phone : (786)796-7993
Fax Number : (754)217-5939

****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

Servicios Castela , CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2022 Nov 15 PM 4:05

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Servicios Castela , CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1710 SW 96TH AVE

MIRAMAR FL 33025

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

CELINA MARCELA OSPINA TEJADA (PRESIDENT)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC

2764 DAVIE BLVD, FT LAUDERDALE FL 33312

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

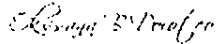
CELINA MARCELA OSPINA TEJADA

1710 SW 96TH AVE

MIRAMAR FL 33025

Required Signatures:

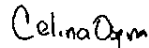
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



11/14/2022

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.



11/14/2022

Incorporator_____
Date

11/14/2022