

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# P22000086814

**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.

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Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: info1@lamadridfinancial.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

ITU Corp

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

De

## COVER LETTER

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

SUBJECT: ITU 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

ADDITIONAL COPY REQUIRED

FROM: Carlos Leyva Bernal

Name (Printed or typed)

10154 W Flagler Street

Address

Miami, FL 33174

City, State &amp; Zip

305-480-0269

Daytime Telephone number

info1@lamadridfinancial.com

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

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

H/220003944423

Nov. 18. 2022 1:54PM

No. 0023 P. 3/4

### 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: ITU Corp

#### ARTICLE II PRINCIPAL OFFICE

Principal street address

1285 S Pine Island Rd

Plantation, FL 33324

Mailing address, if different is:

10154 W Flagler Street

Miami, FL 33174

#### 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: Carlos Leyva Bernal - President

Address Carrera 146 # 19-81 Casa 3

Cali, 760001, Colombia

Name and Title: Lina Lujan Feijoo - VP

Address: Carrera 146 # 19-81 Casa 3

Cali, 760001, Colombia

Name and Title: Alberto Galante - Treasurer

Address Calle 48 # 109-83 Apt 1004 Torre 3

Cali Valle del Cauca, 760001, Colombia

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Lamadrid Financial Services Corp  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos Leyva Bernal  
Address: Carrera 146 # 19-81 Casa 3  
Cali, 760001, Colombia

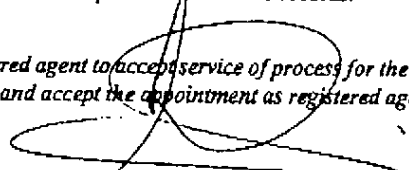
**ARTICLE VIII EFFECTIVE DATE:**

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

11/18/2022

\_\_\_\_\_  
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.*

Carlos Leyva Bernal  
\_\_\_\_\_  
Required Signature/Incorporator

11/18/2022  
\_\_\_\_\_  
Date

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