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Division of Corporations

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Antares International Partners, Inc.

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Help



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FFICERS AND/OR DIRECTORS		
ry M. Cole, President/Director	_ Name and Title:	
	Name and Title:	
Commin Change Hade \$600		
Evernia Street, Unit 502	Address:	-
Evernia Street, Unit 502 st Palm Beach, Florida 33401	Address:	
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st Palm Beach, Florida 33401		
	activity for which corporations may 1,000 is:	FFICERNAND/OR DIRECTORS

Name and Title: Name and Title:

______ Address:

Address

Name and T	itle:	Name and Title:	_
Address			
	GISTERED AGENT	N. Colombia de La consta	
	da street address (P.O. Box NOT acceptable Gary M. Cole	e) of the registered agent is:	
Name: Address:	591 Evernia Street, Unit 502	 ,	
-	West Palm Beach, Florida 33401		
			
ARTICLE VII IN			
Name:	ess of the Incorporator is: Gary M. Cole		
Address:	591 Evernia Street, Unit 502		
Addios.	West Palm Beach, Florida 33401		
		·.	
ARTICLE VIII E	FFECTIVE DATE: her than the date of filing:	. (OPTIONAL)	
(If an effective date filing.)	e is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the	
	serted in this block does not meet the applic	able statutory filing requirements, this date will not be listed	d as
the document's effe	ctive date on the Department of State's reco	rds.	
		<u>.</u>	
Having been named certificate. I am fan	as registered agent to accept service of procuillar with and accept the appointment as res	ess for the above stated Corporation at the place designated in istered agent and agree to act in this capacity	n this
Gary	M. Cole	11/17/2022	
By:			
	Required Signature/Registered Agent	Date	
submit this docun document to the De	nent and affirm that/the facts stated herein partment of State constitutes a third degree f	are true. I am awa re that the false information submitted felony as provided for in s.817.155, F.S.	in a
		11/17/2022	
Required Signature	Incorporator	Date	

TORE CHIEDON Walker Views Online