

# P220000088072

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 : GREEN BOX TAX SERVICES INC  
Account Number : I20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

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

Email Address:

admin@designtax.com

## FLORIDA PROFIT/NON PROFIT CORPORATION CUBADENT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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2022-11-29 10:18

11/29/22 3:37

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**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: Cubadent Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8805 NW 113 ST

Hialeah, FL 33018

Mailing address, if different is:

15715 S Obde Hwy Ste 211

Miami, FL 33157

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gustavo M Reigosa Chaviano, P Name and Title: \_\_\_\_\_

Address 8805 NW 113 ST

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

Hialeah FL 33018

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Green Box Tax Services IncAddress: 15715 S Dixie Hwy Ste 211Miami FL 33157**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Gustavo M Reigosa ChavianoAddress: 8805 NW 113 STHialeah, FL 33018**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

11/23/2022

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

11/23/2022

Date

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