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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
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F.L.D.S.
FAX SERVICE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Gimesco Group Corp

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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: **GIMESCO GROUP CORP**

ARTICLE II PRINCIPAL OFFICE

7848 NW 46th St Principal street address

Mailing address, if different is:

Doral, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Any And All Lawful Purposes**

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jose A Gimenez Perez - President**

Address: **7848 NW 46th St**

Doral, FL 33166

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Alex Pina Co.

Address:

8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:

Jose A Gimenez Perez

Address:

7848 NW 46th St

Doral, FL 33166

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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

12/07/2022

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

12/07/2022

Date