

P23000 001739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

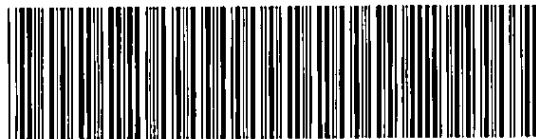
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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JAN 10 2023

01/11/23--01002--003 \$78.75

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2023 JAN 10 PM 3:56
SECURE STATE
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED DOMESTICATION FOR:

WORLD FOOD SEVEN CORP.

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK# 9500 FOR: \$78.75

COVER LETTER

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

SUBJECT: WORLD FOOD SEVEN 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: Clara Monteagudo
Name (Printed or typed)

1600 Ponce de Leon Blvd, Suite 901

Address

Coral Gables, FL 33134

City, State & Zip

954 608 4896

Daytime Telephone number

jaime.reyes@cbamiamius.com

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

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

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: WORLD FOOD SEVEN CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1600 Ponce de Leon Blvd, Suite 901
Coral Gables, FL 33134

Mailing address, if different is:
1600 Ponce de Leon Blvd, Suite 901
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business for retail and wholesale

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando Delgado - President

Name and Title: _____

Address 571 WOODGATE CIR

Address: _____

FORT LAUDERDALE, FL 33326

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: cba miami llc

Address: 1600 Ponce de Leon Blvd, Suite 901

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: jaime reyes

Address: 811 NW 43rd Ave Apt 642

Miami, FL 33126

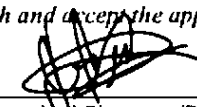
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/04/2023 (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:

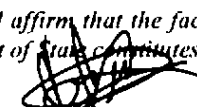


Required Signature/Registered Agent

01/04/2023

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

01/04/2023

Date