Electronic Filing Cover Sheet

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(((H23000016814 3)))



H230000168143ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

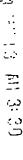
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FLORIDA PROFIT/NON PROFIT CORPORATION **CUSTOMER GREEN, INC.**

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Help





COVER LETTER

H23000016814

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

SUBJECT:Ci	ustomer Green, Inc.				
obsect.	(PROPOSED CORPORAT	E NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the artic	les of incorporation and	l a check for:		
□ S70.00 Filing Fe	•	S78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PPY REQUIRED		
					
EDOM	Luis Uva				
FROM:	Name (Printed or typed)				
	760 NW 4th St, Suite 100				
_	Ac	ldress			
	Miami, FL 33128				
-	City, State & Zip				
	(305) 979-1455				
-	Daytime Tel	ephone number			
	luis.s.uva@gmail.com				
_	E-mail address: (to be used f	or future annual report n	otification)		

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)

H23000016814

ARTICLE 1 NAME The name of the corporat				 _
ARTICLE II PRINC	Principal <u>street</u> address		Mailing address, if different is	;
760 NW 4th St, Suite 1	00, Miami, FL 33128			
ARTICLE III PURPO The purpose for which to Development and sale	OSE he corporation is organized is: of software as a solution (SaaS)			
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
ARTICLE IV SHARE The number of shares of				
ARTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS Luis Uva, President	Name and Title: Sabel Figueroa, Secretary 760 NW 4th St Miami, FL 33128	Isabel Figueroa, Secretary	<u></u>
Address	760 NW 4th St Miarni, FL 33128			
				
Name and Title:		Name and Title	:_ 	
Address		Address:	<u></u>	<u>.</u>
		-		
Name and Title:		Name and Title	:	
Address		Address:		
		_		

			H23000016814
Name and Title:		Name and Title:	
Address		Address:	
			·
			-
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Capitol Corporate Services, Inc.	· •	
Address:	515 E. Park Avenue, 2nd Floor		
Address,	Tallahassee, FL 32301		^;
	Talianassee, 12 72.001		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the incorporator is:		<i>€.</i> 5
Name:	Luis Uva		
Address:	760 NW 4th St. Suite 100		<u>မှာ</u> က
	Miami, FL 33128		(J
ARTICI F VIII	EFFECTIVE DATE:		
Effective date, if	fother than the date of filing:		
(If an effective of filing.)	date is listed, the date must be specific and c	annot be more than five days	s prior or 90 days after the
	e inserted in this block does not meet the applie effective date on the Department of State's reco		ents, this date will not be listed as
certificate. Jam	ned as registered agent to accept service of proc familiar with and accept the appointment as reg		
	Laylor Seay, as Asst. Secretar	/	January 13, 2022
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree j		
Luis U	'va		Dec 9, 2022
Required Signatu	ure/Incorporator		Date