1/12/23, 11:08 AM Division of Corporations Florida Department o

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(((H23000015450 3)))



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Division of Corporations

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From:

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January 13, 2023

FLORIDA DEPARTMENT OF STATE

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II FAX Aud. #: H23000015450 Letter Number: 323A00001031

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EH bor	NCIPAL OFFICE		
<u> </u>	Principal street address	Mailing	address, if different is:
NW 104 CT	DORAL, FL 33178		·
CLETT PUR	POSE in the corporation is organized is: ANY	AND ALL LAWFUL BUSIN	ESS
		<u></u>	***************************************
		-	
CLE IV SHA	<u>RES</u> of stock is: 100		
CLE V INIT	TAL OFFICERS AND/OR DIRECTOR	<u>\$</u>	
	TAL OFFICERS AND/OR DIRECTOR: tle: PEDRO M. TAVAREZ (P)		
	tle: PEDRO M. TAVAREZ (P)	Name and Title:	
Name and T	tle: PEDRO M. TAVAREZ (P)	Name and Title: Address:	
Name and T	tle: <u>PEDRO M. TAVAREZ (P)</u> 7059 NW 104 CT	Name and Title: Address:	
Name and Ti	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address:	
Name and Ti	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address: Name and Title:	
Name and Ti	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address: Name and Title:	
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Name and Ti Address Name and Tit Address	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address: Name and Title: Address: Name and Title:	DIVISION DE CONTRACTOR DE CONT
Name and Tit Address Name and Tit Address	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address: Name and Title: Address: Name and Title:	DIVISION OF COME
Name and Tit Address Name and Tit Address	tle: PEDRO M. TAVAREZ (P) 7059 NW 104 CT DORAL, FL 33178	Name and Title: Address: Name and Title: Address: Name and Title:	DIVISION OF CONTACT OF

Name and	Title:	Name and Title:	
Address		Address:	
	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	PEDRO M. TAVAREZ		
Address:	7059 NW 104 CT		
	DORAL, FL 33178		
ARTICLE VII 1	NCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	PEDRO M. TAVAREZ	 -	
Address:	7059 NW 104 CT		
	DORAL FL 33178		
Effective date, if o	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific an	(OPTIONAL) d cannot be more than five days prior o	r 90 days after the
Note: If the date in the document's ef	inserted in this block does not meet the ap fective date on the Department of State's	plicable statutory filing requirements, this records.	date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of p miliar with and accept the appointment as	rocess for the above stated corporation at the registered agent and agree to act in this ca	he place designated in thi. pacity
/s/ H	Oedro M. Tavarez Required Signature Registered Ag		
	Required Signature Registered Ag	ent	Date
I submit this docu- document to the D	ment and affirm that the facts stated he epartment of State constitutes a third degi	rein arc true. I am aware that the false in see felony as provided for in s.817.155, F.S.	formation submitted in e
/a/ Pad	no M. Tavarez		
Required Signatur	e/Incorporator	Date	