

Florida Department of State
Division of Corporations
Public Service Center
P2300000195063153

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H230000195063ABC-

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC
Account Number : 120200000016
Phone : (954)903-4036
Fax Number : (954)246-0340

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Tricarico Construction Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2023 JAN 17 PM 3:17
7 PM 4:21

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Tricarico Construction 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Ruben Tricarico
Name (Printed or typed)

12555 Orange Dr Ste 4043
Address

Davie, FL. 33330
City, State & Zip

954-9069668
Daytime Telephone number

Nathaly.cuartas@taxcareinc.com
E-mail address: (to be used for future annual report notification)

REC- 117 JAN 31 2023

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 NAMEThe name of the corporation shall be: Tricarico Construction Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

12555 Orange Dr, Ste 4043, Davie, FL 33330**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ruben Tricarico Sosa, Director Name and Title: _____Address 12555 Orange Dr, Ste 4043, Davie, FL 33330 Address: _____Name and Title: Ruben Nahuel Tricarico, Director Name and Title: _____Address 12555 Orange Dr, Ste 4043, Davie, FL 33330 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

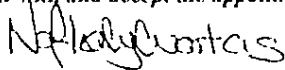
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Tax Care Pembroke PinesAddress: 12555 Orange Dr, Ste 265, Davie, FL, 33330**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Ruben TricaricoAddress: 12555 Orange Dr, ste 4043, Davie, FL, 33330**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 Agent01/16/2023_____
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/Incorporator01/16/2023_____
Date