

To:

Page: 1 of 3

2023-01-25 17:36:58 GMT

13054897688

From: TIMOTHY RICHARDS

1/24/23, 6:24 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P23000005962

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000031321 3)))



H230000313213ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RICHARDS & PARTNERS, P.A.
Account Number : 120110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

****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
TOTALGO CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME: TOTALGO CORP
The name of the corporation shall be _____

ARTICLE II PRINCIPAL OFFICE:
Principal street address Mailing address, if different is
2307 DOUGLAS RD. 2307 DOUGLAS RD.
MIAMI, FLORIDA 33145 MIAMI, FLORIDA 33145

ARTICLE III PURPOSE:
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES:
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	GOMEZ SALAS, ANGIE F - DIRECTOR	Name and Title:	SARMIENTO B., HUMBERTO J - DIRECTOR
Address	2660 SW 37TH AVE	Address:	2660 SW 37TH AVE
	APT 716		APT 716
	COCONUT GROVE, FL 33133		COCONUT GROVE, FL 33133

Name and Title:	GOMEZ SALAS, JOHN R - DIRECTOR	Name and Title:	
Address	2660 SW 37TH AVE 3	Address:	
	APT PH-8		
	COCONUT GROVE, FL 33133		

Name and Title:		Name and Title:	
Address		Address:	

To:

Page: 3 of 3

2023-01-25 17:36:58 GMT

13054897688

From: TIMOTHY RICHARDS

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: ANGIE F. GOMEZ SALAS

Address: 2307 DOUGLAS RD,
MIAMI, FLORIDA 33145

ARTICLE VII INCORPORATOR

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

Name: ANGIE F. GOMEZ SALAS

Address: 2307 DOUGLAS RD,
MIAMI, FLORIDA 33145

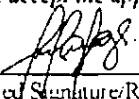
ARTICLE VIII EFFECTIVE DATE:

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

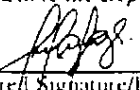


Required Signature/Registered Agent

01/24/2023

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

01/24/2023

Date