

P 23000008218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

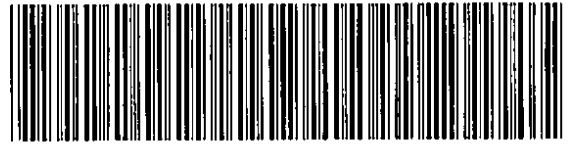
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
FEB - 2 2023

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 FEB - 1 PM 5:44

FILED

TALLAHASSEE, FL 32301  
2023 JAN 32 PM 3:39

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$70.00  
AUTHORIZATION SIGNATURE: *[Signature]*

Shelter Collective Inc

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

**AMMENDMENTS**

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Revocation of Dissolution

☐ Other

☐ Merger

☒ **CORP**

☐ **Conversion**

☐ **PLLC**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

☐ Annual Report

☐ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTIL( ☐  
**Country**

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: Shelter Collective INC

(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: BLUEMAX PARTNERS CORP

Name (Printed or typed)

848 BRICKELL AVE STE 1130

Address

MIAMI, FL 33131

City, State & Zip

305 - 607-3493

Daytime Telephone number

mdelloca@mdellconsulting.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: Shelter Collective INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

848 Brickell Ave. Ste 1130  
Miami, FL 33131

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull business

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TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title Juan Carlos Portuondo, President

Address 848 Brickell Ave. Ste 1130  
Miami, FL 33131

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FL

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, FL 33131

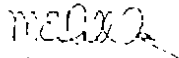
**ARTICLE VIII EFFECTIVE DATE:**

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*

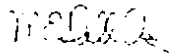


02/01/2023

Required Signature/Registered Agent

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.*



02/01/2023

Required Signature/Incorporator

Date