

2/8/23, 1:35 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GUERRERO N. HOLDINGS, CORP**

Certificate of Status	0
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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

The name of the corporation shall be: GUERRERO N. HOLDINGS, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15991 NW 91 CT MIAMI LAKES, FL 33018

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: Juan Camilo Guerrero Nieto (P)

Name and Title: _____

Address 15991 NW 91 CT

Address: _____

MIAMI LAKES, FL 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

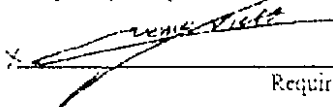
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Juan Camilo Guerrero NietoAddress: 15991 NW 91 CTMIAMI LAKES, FL 33018**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Juan Camilo Guerrero NietoAddress: 15991 NW 91 CTMIAMI LAKES, FL 33018**ARTICLE VIII EFFECTIVE DATE:**

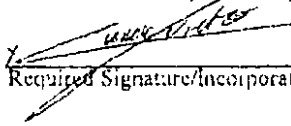
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

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.817.135, F.S.

Required Signature/Incorporator

Date _____