

Florida Department of State

H23000052814

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ARMANDO TAXES LLC
Account Number : I20200000170
Phone : (305)803-4427
Fax Number : (305)402-6230

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

Email Address: ARMANDO@ARMANDOTAXES.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
ECO MALMO CORP ARTICLE**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

C 02/13/23

23 FEB -9 PM 12:35

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COVER LETTER

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

SUBJECT: ECO MALMO 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 REQUIREDFROM: ARMANDO TAXES LLC

Name (Printed or typed)

5721 NW 112TH AVE APT 108

Address

DORAL, FL 33178

City, State & Zip

305-803-4427

Daytime Telephone number

ARMANDO@ARMANDOTAXES.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

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ARTICLE I NAMEThe name of the corporation shall be: ECO MALMO CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10890 NW 17TH ST UNIT 107MIAMI, FL 33172

Mailing address, if different

is: 3427 W 80TH ST APT 106MIAMI, FL 33018**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO ENGAGE ALL AND ANY LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANGEL D. MUJICA LOBO PRESIDENT

Name and Title: _____

Address: 3427 W 80TH ST APT 106
MIAMI, FL 33018

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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MIAMI, FL 33018

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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: ANGEL D. MUJICA LOBO
Address: 3427 W 80TH ST APT 106
MIAMI, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

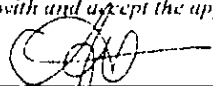
Name: ANGEL D. MUJICA LOBO
Address: 3427 W 80TH ST APT 106
MIAMI, FL 33018

ARTICLE VIII EFFECTIVE DATE:

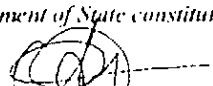
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

 _____ 02/09/2023
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.817.135, F.S.

 _____ 02/09/2023
Required Signature-Incorporator Date

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