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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : 120190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

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

Email Address: macedocesar@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
The Collector & Co, Inc

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

2007 FEB 22 PM 4:58

23 FEB 22 PM 12:35

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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: **The Collector & Co, Inc**

ARTICLE II

PRINCIPAL OFFICE

Principal **street** address is: 6435 SW 116 Place, Apt E, Miami, FL 33173

Mailing address, if different is:

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: Guadalupe Melo De Macedo, President

Address: 6435 SW 116 Place, Apt E, Miami, FL 33173

Name and Title: Cesar Macedo, VP

Address: 6435 SW 116 Place, Apt E, Miami, FL 33173

ARTICLE VI REGISTERED AGENT

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

Name: Cesar Macedo

Address: 6435 SW 116 Place, Apt E, Miami, FL 33173

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 02/17/2023

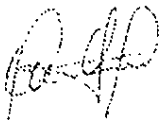
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/18/2023

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

02/18/2023

23 FEB 22 11:12:35



February 22, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ULLOA & COMPANY PROFESSIONAL ASSOCIATION

SUBJECT: THE COLLECTOR CORP
REF: W23000024770

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000066824
Letter Number: 523A00004244

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