

3/8/23, 10:14 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P23000017983

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(((H23000088616 3)))



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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

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ALLSTATE
TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
COPIAM INDUSTRIES INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

3/12/23 15:07

JS

(((H23000088616 3)))

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

ARTICLE I NAMEThe name of the corporation shall be: COPIAM INDUSTRIES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1801 E PALM VALLEY BLVD APT 1523ROUND ROCK, TX 78664**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTHONY TORRES-RIVERA

Name and Title: _____

Address 1801 E PAM VALLEY BLVD, APT 1523

Address: _____

ROUND ROCK, TX 78664

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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HARRIS COUNTY, TX

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: DAVID ROBERTS
 Address: 7901 FOURTH STREET N, SUITE 300
ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANTHONY TORRES-RIVERA
 Address: 1801 E PAM VALLEY BLVD, APT 1523
ROUND ROCK, TX 78664

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*/s/ DAVID ROBERTS

Required Signature/Registered Agent

03/08/2023

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./s/ ANTHONY TORRES-RIVERA

Required Signature/Incorporator

03/08/2023

Date

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 DEPT. OF STATE
 TALLAHASSEE, FL