

P23000018213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

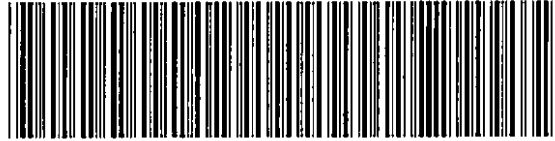
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
MAR 10 2023

FILED
2023 MAR -9 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 MAR -9 AM 11:16
DIRECTOR'S OFFICE
CORPORATION
TALLAHASSEE, FLORIDA

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

Please use funds from this account: I20210000160: AMOUNT: \$70.00

Authorization Signature: *[Signature]*
Stratcom62 Corp.

BUSINESS NAME

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☒ **CORP**
- ☐ **LLLP**

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE ☐ **Country**

AMMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution
- ☐ Merger
- ☐ **Conversion**
- ☐ **Amended and restated Articles**
- ☐ **Statement of Authority**

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

CO

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

SUBJECT: Stratcom62 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$78.75 | <input type="checkbox"/> \$87.50 |
| Filing Fee | Filing Fee, |
| & Certified Copy | Certified Copy |
| | & Certificate of |
| | Status |

ADDITIONAL COPY REQUIRED

FROM: Lorenzo Silvestri

Name (Printed or typed)

1200 Brickell Ave., Suite 310

Address

Miami, FL 33131

City, State & Zip

786-5023615

Daytime Telephone number

lsilvestri@silvestri-international.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: Stratcom62 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1200 Brickell Ave., Ste 310
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful businesses.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alberto Castelvechi - P,T,S Name and Title: _____

Address 1200 Brickell Ave., Ste. 310, Address: _____

Miami, FL 33131

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 AGENT

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

Name: Silvestri International Corp
Address: 1200 Brickell Ave., Ste. 310,
Miami, FL 33131

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lorenzo Silvestri
Address: 1200 Brickell Ave., Ste. 310,
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

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.

Required Signature/Incorporator

03-08-2023
Date