

3/9/23, 5:11 PM

Division of Corporations

P23000018752

Electronic Filing Cover Sheet

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

From: Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4515
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2023 MAR 10 AM 1:29
DEPARTMENT OF STATE
TALLAHASSEE, FL
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FLORIDA PROFIT/NON PROFIT CORPORATION MACHIN EBENEZER INC

Certificate of Status	0
Certified Copy	0
Page Count	03
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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: MACHIN EBENEZER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 24920 SW 122ND PLACE, HOMESTEAD FL 33032. 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: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS E CACERES MACHIN/PRESIDENT

Address: 24920 SW 122ND PLACE

HOMESTEAD FL 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: LUIS E CACERES MACHIN

Address: 24920 SW 122ND PLACE
HOMESTEAD FL 33032

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: LUIS E CACERES MACHIN

Address: 24920 SW 122ND PLACE
HOMESTEAD FL 33032

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

<input checked="" type="checkbox"/> <u>LE</u>	_____	<u>03/09/2023</u>
	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.817.155, F.S.

<input checked="" type="checkbox"/> <u>LE</u>	_____	<u>03/09/2023</u>
	Required Signature/Incorporator	Date

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