

3/10/23, 3:23 PM

Division of Corporations

**P23000018763**  
Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ANAPRA COMPAGNIE SA DE CV CORP**

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

2023 MAR 10 PM 12:32

FILED  
23 MAR 10 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ANAPRA COMPAGNIE SA DE CV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1319 W ROSEWOOD AVE SAINT CLOUD, FL 34771**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: ARTURO ALEJANDRO CASILLAS (P)

Name and Title: \_\_\_\_\_

Address 1319 W ROSEWOOD AVE

Address: \_\_\_\_\_

SAINT CLOUD, FL 34771

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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23 MAR 10 PM 12:30  
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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: ARTURO ALEJANDRO CASILLAS  
Address: 1319 W ROSEWOOD AVE  
SAINT CLOUD, FL 34771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARTURO ALEJANDRO CASILLAS  
Address: 1319 W ROSEWOOD AVE  
SAINT CLOUD, FL 34771

**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

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted by a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

Date \_\_\_\_\_

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23 MAR 10 PM 12:30  
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HILLSBORO COUNTY, FLORIDA