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Division of Corporations

Florida Department of State
Division of Corporations
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FOOTPRINT MX S DE RL DE CV CORP

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FOOTPRINT MX S DE RL 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: JOSE RAMIRO GARZA VARGAS (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: _____

Name and Title: _____

Address: _____

Address: _____

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: JOSE RAMIRO GARZA VARGASAddress: 1319 W ROSEWOOD AVESAINT CLOUD, FL 34771ARTICLE VII INCORPORATORThe name and address of the incorporator is:Name: JOSE RAMIRO GARZA VARGASAddress: 1319 W ROSEWOOD AVESAINT CLOUD, FL 34771ARTICLE 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 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

Date _____

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FILED
MAR 21 2023
TAMPA, FL
CLERK OF THE COURT