

To

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From: Yanet Avila

5/1/23, 10:25 AM

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Florida Department of State
Division of Corporations
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CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
CONSTRUCCIONES PEREIRA 2 CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CONSTRUCTIONS PEREIRA 2 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1319 WEST 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 (P)

Name and Title: _____

Address 1319 WEST 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 AGENT

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

Name: JOSE RAMIRO GARZA
Address: 1319 WEST ROSEWOOD AVE
SAINT CLOUD, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE RAMIRO GARZA
Address: 1319 WEST 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 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 Date _____