

To:

Page: 2 of 4

2023-05-03 15:47:02 GMT

13056023977

From: Alex Pina

5/3/23, 11:43 AM

P23000035314

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000165718 3)))



H230001657183ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2023 MAY -3 PM 2:21

To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : ALEX PINA CO.
Account Number : I201900000095
Phone : (305)803-8471
Fax Number : (305)602-3977

OPERATIONS
COMMERCIAL
SERVICES

2023 MAY -3 PM 12:04

RECEIVED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION
GRACIAS FOOD SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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: GRACIAS FOOD SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

6765 SW 40TH ST

Mailing address, if different is:

DAVIE, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juliana Gracia Uribe - President

Name and Title: Jose L. Avendano Martinez - Vicepresident

Address 6765 SW 40TH ST

Address: 6765 SW 40TH ST

DAVIE, FL 33314

DAVIE, FL 33314

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: ALEX PINA CO.Address: 8400 NW 36TH ST STE 450DORAL, FL 33166**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Juliana Gracia UribeAddress: 6765 SW 40TH STDAVIE, FL 33314**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 Agent05/03/2023_____
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.**Juliana Gracia*_____
Required Signature/Incorporator05/03/2023_____
Date