

P 23 0000 36560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

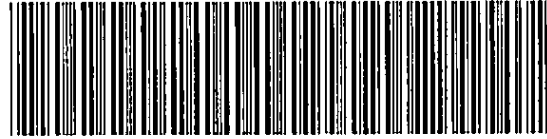
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2023 MAY -9 PM 2:55

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

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CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

1. 11771528 CORP

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: 11771528 Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8356 SE Croft Cir #1

Hobe Sound, FL 33455

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara L. Duval - D, P, T Name and Title: Jose Carlos Portal Turruellas - D, VP, S

Address: 8356 SE Croft Cir #1 Address: 8356 SE Croft Cir #1

Hobe Sound, FL 33455 Hobe Sound, FL 33455

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 JAN 10 PM 2:55

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: Tara L. Duval
Address: 8356 SE Croft Cir #1
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

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

Name: Tara L. Duval
Address: 8356 SE Croft Cir #1
Hobe Sound, FL 33455

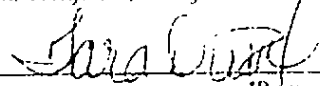
ARTICLE VIII EFFECTIVE DATE:

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

 Tara L. Duval
Required Signature/Registered Agent

05/05/2023
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.

 Tara L. Duval
Required Signature/Incorporator

05/05/2023
Date

2023
MAY 05
PM 2:56
DU