5/15/23, 5 59 PM

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From: Alex Pina

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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 BERAKA CORPORATION



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To:

ARTICLES OF INCORPORATION

2023-05-15 22:02:51 GMT

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

TCLE I NAME name of the corporati	on shall be: BERAKA	CORPORATION		
TICLE II PRINCI			Mailing address, if different is:	
ALEAH, FL 33018				
TICLE III PURPO. purpose for which th	SE e corporation is organized is:AN	Y AND ALL LAWFUI	L PURPOSE.	
				<u> </u>
	S tock is: 10,000 LOFFICERS AND/OR DIRECTORS			
	JOSE A MARTINEZ FLORES - PRESIDEN	Name and Title:	DOUGLAS A MARTINEZ FLORES - VIC	EPRE\$I
Address _	3305 W 98TH PL	Address:	3305 W 98TH PL	_
	HIALEAH, FL 33018		HIALEAH, FL 33018	 -
Name and Title:_		Name and Title:		
Address		Address:	SECRETALLAH	
-			ASS	
Name and Title:			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	D
-		 -		- 😂
_				

To:	Page: 4 of

2023-05-15 22:02:51 GMT

13056023977

From Alex Pina

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT	
ne <u>name and Pro</u> Name:	rida street address (P.O. Box NOT accepta ALEX PINA CO.	nie) of the registered agent is:
Address:	8400 NW 36TH ST STE 450	
	DORAL, FL 33166	
OTICLE VII L	NICODROU ATOR	
•	NCORPORATOR Iruss of the Incorporator is:	
Name:	JOSE A MARTINEZ FLORES	
Address:	3305 W 98TH PL	
	HIALEAH, FL 33018	
If an effective da Hing.) <u>Note:</u> If the date is		eannot be more than five days prior or 90 days after the icable statutory filing requirements, this date will not be listed as
laving been name ertificate, I am far	nd as registered agent to accept service of pro miliar with and accept the appointment as r	ocess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
	diff.	05/15/2023
	Required Signature/Registered Ager	
	ment and affirm that the facts stated herei epartment of State constitutes a third degree José A Martinez F	in are true. I am aware that the fulse information submitted in a felony as provided for in \$817.155, F.S.
tequired Signature		05/15/2023
equired Signature	erncorporator	023 MAY 16 ECRETARY TALLAHASS
		PM 1: 03 OF STATE SEE, FL