

P23000039103

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.

((H23000183651 3)))



H230001836513ABCS

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

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
D.H ENVIOS A CUBA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
2023 MAY 17 PM 4:23
CORPORATIONS
COMMERCIAL
SERVICES

FILED
MAY 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:D.H. ENVIOS A CUBA CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4501 Palm Ave 33012
Suite 105 Hialeah FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Daniel Hernandez Saez (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 AM 10:00

FILED

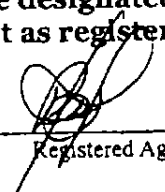
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

DUNIEL HERNANDEZ SAEZ
4501 PALM AVE SUITE 105
HIALEAH FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:DUNIEL HERNANDEZ SAEZ
4501 PALM AVE SUITE 105
HIALEAH FL 33012

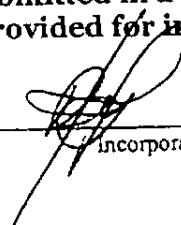
Required Signatures:

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



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.



Incorporator Date