

To:

5/19/23, 9:48 AM

Page: 1 of 4 2023-05-19 13:51:20 GMT 13053284774
P230000040011

From: Yanet Avila

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.

((H23000185663 3)))



H23000185663ABC1

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

2023 MAY 21 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

****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

**PERSONAL AND PROFESSIONAL DEVELOPMENT UNIVERSITY
CORP**

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

RECEIVED

2023 MAY 19 PM 12:15

CORPORATIONS
COMMERCIAL
SERVICE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PERSONAL AND PROFESSIONAL DEVELOPMENT UNIVERSITY CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3785 NW 82ND AVE STE: 405 DORAL, FL 33166**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: INDUSTRIA METALURGICA IMPACTO SA (P)

Name and Title: _____

Address 3785 NW 82ND AVE

Address: _____

STE: 405DORAL, FL 33166Name and Title: DOMINGO SOTO (VP)

Name and Title: _____

Address 3785 NW 82ND AVE

Address: _____

STE: 405DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

To:

Page: 4 of 4

2023-05-19 13:54:30 GMT

13053284774

From: Yanet Avila

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: DOMINGO SOTO
Address: 3785 NW 82ND AVE STE: 405
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOMINGO SOTO
Address: 3785 NW 82ND AVE STE: 405
DORAL, FL 33166

FILED
2023 MAY 21 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

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

/s/ Domingo Soto _____
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.

/s/ Domingo Soto _____
Required Signature/Incorporator Date