

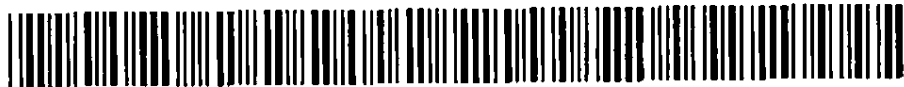
Jun. 8. 2023 2:07 PM

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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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: info@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
ARTHROMEDS GLOBAL HOLDINGS INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

STATE
TALLAHASSEE FILE

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ARTHROMEDS GLOBAL HOLDINGS INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CLAUDIA PIOVESAN

Name (Printed or typed)

1830 OCEAN DR APTD 2903

Address

HALLANDALE, FL 33009

City, State & Zip

954-727-9771

Daytime Telephone number

gfinanciera@arthromeds.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H/23 0002075873

SEC
TALLAHASSEE, FL
STATE

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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: ARTHROMEDS GLOBAL HOLDINGS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1830 S OCEAN DR APTO 2903
HALLANDALE, FL 33009

Mailing address, if different is:
1265 S PINE ISLAND RD
PLANTATION, FL 33324

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Piovesan - President

Name and Title: Maria B Pardo de Andrade - VP

Address: 1830 S OCEAN DR APTO 2903
HALLANDALE, FL 33009

Address: 1830 S OCEAN DR APTO 2903
HALLANDALE, FL 33009

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY
TALLEM, MSSEE, FL

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CLAUDIA PIOVESAN
Address: 1830 S OCEAN DR APTD 2903
HALLANDALE, FL 33009

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 Agent

6/4/23
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.

Claudia Piovesan
Required Signature/Incorporator

6/4/23
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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