P23000054636

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.

(((H23000255473 3)))

H23000255473ABC-

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

23 JUL 21 AM 10:43

FILED

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

From:
Account Name : CS TAX SOLUTIONS INC
Account Number : I20220000082
Phone : (305)235-6355
Fax Number : (786)513-3784

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

Email Address: CStaxsolutions@bellsouth.net

2023 JUL 21 PM 4:50

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION
STORAGE EXPERTS, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$87.50

Electronic Filing Menu Corporate Filing Menu Help

CH

H23000255473 3

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: STORAGE EXPERTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1208 NW 14 AVE

CAPE CORAL, FL 33993

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

FILED
23 JUL 21 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO GONZALEZ PIOQUINTO, PRESIDENT

Address: 4910 VICTORIA AVE
ROSHARON, TX 77583

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

H23000255473 3

H23000255473 3

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: ALEJANDRO GONZALEZ PIOQUINTO

Address: 1208 NW 14 AVE

CAPE CORAL, FL 33993

ARTICLE VII INCORPORATOR

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

Name: CLAUDIA SOTOLONGO

Address: 13375 SW 128 ST, SUITE 104-A

MIAMI, FL 33186

FILED
23 JUL 21 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Alejandro Gonzalez Pioquinto (Jul 21, 2023 15:01 EDT)

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.

Alejandro Gonzalez Pioquinto (Jul 21, 2023 15:01 EDT)

Required Signature/Incorporator: _____ Date: _____

H23000255473 3