# P230000 57934

#### 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.

(((H23000273986 3)))



H230002739863ABC

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 : 12000000019
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 ARCIA INVESTMENTS ONE INC

EIVED -7 PH 4:48

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

2023 AUG -7 PM 9: 17 SEGRETARY OF STATE

Electronic Filing Menu

Corporate Filing Mema

Help

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

<b>ARTICLE I</b> NAME: The name of the corporation is:		
ARCIA INVESTMENTS ONE INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
633 NE 167th STREET UNIT # 832 NORTH MIAMI BEACH FL :33162		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
REINALDO CORDERO ARCIA (P)		
	207	
En l	2023 AUG	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	G - 7	The state of the s
The name and Florida street address (PO Box not acceptable) of the registered agent is	PM	
REINALDO CORDERO ARCIA		Ü
633 NE 167th STREET UNIT # 832 NORTH MIAMI BEACH FL 3:3162	17	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
REINALDO CORDERO ARCIA		
633 NE 167th STREET UNIT # 832 NORTH MIAMI BEACH EL 33162		

### 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

Late

FILED

2023 AUG -7 PM 9: 1

SECRETION OF STA