

9/11/23, 2:45 PM

Division of Corporations

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.

(((H23000319080 3)))



H230003190803ABC-

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

****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
SIT MANUFACTURING N.A. S.A. DE C.V. CORP

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

RECEIVED

2023 SEP 11 PM 3:55

DIVISION OF CORPORATIONS

2023 SEP 11 PM 5:34
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

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: SIT MANUFACTURING N.A. S.A. DE C.V. CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

PARQUE INDUSTRIAL NACIONAL 300 AV18459 PINES BLVD # 172TEXAS CIENAGA DE FLORES 65550PEMBROKE PINES, FL 33029**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: ENRIQUE JAVIER FRECH (P)

Name and Title: _____

Address 18459 PINES BLVD # 172

Address: _____

PEMBROKE PINES, FL 33029

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 SEP 11 PM 5:34
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

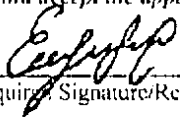
Name and Title: _____ Name and Title: _____


Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ENRIQUE JAVIER FRECHAddress: 18459 PINES BLVD # 172PEMBROKE PINES, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ENRIQUE JAVIER FRECHAddress: 18459 PINES BLVD # 172PEMBROKE PINES, FL 33029**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_____
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.*

Required Signature/Incorporator_____
Date2023 SEP 11 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FL

FILED