

To:

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2023-09-25 16:27:15 GMT-5

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From: Yane: Avila

9/25/23 12:44 PM

Division of Corporations

P23000069098

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
CIMCOL, INC.

Certificate of Status	0
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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: CIMCOL, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10790 NW 14 STREET SUITE 188PLANTATION, FL 33322**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 200 SHARES PAR VALUE @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS CARLOS MARTINEZ, PD

Name and Title: _____

Address: 10790 NW 14 STREET SUITE 188

Address: _____

PLANTATION, FL 33322Name and Title: ANDREA FRANCO, VP.

Name and Title: _____

Address: 10790 NW 14 STREET SUITE 188

Address: _____

PLANTATION, FL 33322

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2022 Sep 25 11:11:52

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: LUIS CARLOS MARTINEZ

Address: 10790 NW 14 STREET SUITE 188

PLANTATION, FL 33322

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS CARLOS MARTINEZ

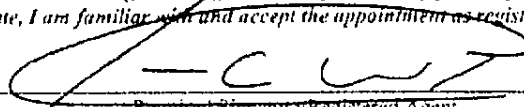
Address: 10790 NW 14 STREET SUITE 188

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

09/24/2023

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

09/24/2023

Date

m m

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