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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALPHA ACCOUNTING AND TAX SERVICES LLC

Account Number : I20230000117 Phone : (786)800-8568 Fax Number : (786)345-7092

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Aquino Consulting Inc.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE I NAMI	E AOUINO CONSU	I TING INC		
he name of the corpor	ation shall be: AQUINO CONSU	LTHO HAC		
RTICLE II PRIN	CIPAL OFFICE			
IROO+ SIN TO A CT	Principal street address		Mailing address, if different is:	
18001 SW 104 CT MIAMI, FL 33157		16001 SW 104 CT MIAMI, FL 33157		
	<u> </u>			
ARTICLE III PURE	POSE		_	
The purpose for which	the corporation is organized is: Al	NY AND ALL LAWFULL BU	JSINESS	
		**		
	 			
			, .	
			· · · ·	
ARTICLE IV SIIAE	RES f stock is: 100 SHARES AT \$	1 00 PAR VALUE		
ne number of shares o	I stock is: Too or water or the	7.0017477.202		
<u>(RTICLE V - INITI</u>	<u>AL OFFICERS AND/OR DIRECT</u>	<u>ORS</u>		
Name and Tit	le: LUIS AQUINO	Name and Title:		
	16001 SW 104 CT			
Address	10001 011 104 01	Address:		
	MIAMI, FL 33157			
			2.1	
			•	
Name and Title		Name and Title:	· · · · · · · · · · · · · · · · · · ·	
			j.	
Address		Address:	77	
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			ب نڌ :	
	<u></u>		- 5	
Name and Title		Name and Title:		
Address	· · · · · · · · · · · · · · · · · · ·	Address:	·	
				

. . . .

Name a	nd Title:	Name and Title:
Addres	is	Address:
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	at of the registered mont is:
Name:	LUIS AQUINO	eror are registered agents is.
Address:	16001 SW 104 CT	
	MIAMI, FL 33157	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	LUIS AQUINO	
Address:	16001 SW 104 CT	
	MIAMI, FL 33157	
Effective date, it	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and ca	. (OPTIONAL) annot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as rds.
	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
	Luis Aquino Required Signature/Registered Agent	09/29/2023
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
	Luis Aguino	09/29/2023
Required Signature	ure/Incorporator O	Date