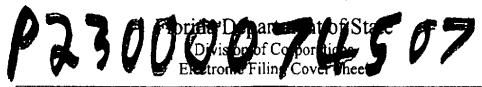
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10/18/23, 10:25 AM

Division of Corporations



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Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733

Fax Number : (954)420-7118

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 FLODO CORP

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COVER LETTER

From: +19544207118 (TAX S PRO)

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

FLODO CORP

SUBJECT:						
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check fo	r:				
№ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRE					
FROM:	TAX S PRO CORP					
TROM.	Name (Printed or typed)					
	8030	PINES BLVD				
	Address					
_	PEMBROKE PINES, FLORIDA 33024 City, State & Zip					
	786-3072733					

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

INFO@TAXSPRO.COM

Θ

ARTICLES OF INCORPORATION

From: +19544207118 (TAX S PRO)

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

ARTICLE I NAM The name of the corpor	Eation shall be:	FLODO CORP
ARTICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is:
	TUNE RD	2312 FORTUNE RD
· · · · · ·	IEE, FL 34741	KISSIMMEE, FL 34741
ARTICLE III PURI		RISSIMINEE, IL 34/41
The purpose for which	the corporation is organized is:	
ANY AND AI	LL LAWFUL BUSINES	<u>SS</u>
···		
		
ARTICLE IV SHAP The number of shares o ARTICLE V INITE	fstock is: 100 AL OFFICERS AND/OR DIREC	TORS
Name and Titl Address	PRESIDEN	Address:
		Z, MANUEL EMILIO
	2312 FORTU	NE RD.
Address	KISSIMMEE	
Name and Title		NGRONIS, ANGELICA MARILYN
Address	2312 FORTU	NE-RD dress:
	KISSIMMEE	, FL 34741

Name and Title:		Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:			
A 44	TAX S PRO CORP		
Address:	8030 PINES BLVD PEMBROKE PINES, FL 33024		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Address:	TAX S PRO CORP	_	
Address.	8030 PINES BLVD PEMEROKE PINES , FL 33024	_	
ARTICLE VIII	_EFFECTIVE DATE: 10/19/20	12	
Effective date, if	other than the date of filing: 10/18/20 date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior	or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, the	uis date will not be listed as
Having been nan certificate, I am j	ned as registered agant to accept service of process familiar with and accept the appointment as regist	for the above stated corporation a ered agent and agree to act in this	t the place designated in this capacity
			10/18/2023
	Required Segnature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false ny as provided for in s.817.155, F	information submitted in a .S.
	X		10/18/2023
Required Signan	ne/Incorporated #	Date	
			2023
			ç.3
			. 3