## P2300074515

	(Requestor's Name)	
	(Address)	
!	(Address)	
-	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u>—</u>	_	_
	(Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
•	(Document Number)	
Certified Copies	_ Certificates of	Status
	-	<del>_</del>
Special Instructions to	Filing Officer:	
·	•	

Office Use Only

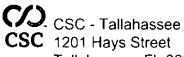


400416972244

S. CHATHAM
OCT 19 2023

2023 OCT 18 PM 1:10

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 10/18/23 Order #: 1291974-1

Re: NOSTRUM SIMUL, Inc Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

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

SUBJECT: NOS	TRUM SIMUL, Inc	·	
30B3ECT	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78,75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM: _	lorencia Fernandez Nam	ne (Printed or typed)	
1:	101 Brickell Ave, Suite N1400	Address	
M	liami, FL 33131	Address	
_	City	, State & Zip	
73	86-598-8007 (Ext.2213)		
	Daytime	Telephone number	
flo	rencia.femandez@rclawllp.net		
	E-mail address: (to be use	d for future annual report n	otification)

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

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

ARTICLE I NAME	tion shall be: NOSTRUM SIMUL, Inc.		
	Principal street address lite N1400, Miami, FL 33131	Mailing a	ddress, if different is:
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	all lawful business	
			Ž. 2
	stock is: 1.000  IL OFFICERS AND/OR DIRECTORS		FILEI 2023 OCT 18 PM ALLANSSEETT
Name and Title	Jesús Juárez Molina 1101 Brickell Ave, Suite N1400	Name and Title:	1: 10
Address	Miami, FL, 33131	Address:	
	Director	_	
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address			

Address:  Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Corporation Service Company  Address:  1201 Hays Street Tallahassee, FL 32301  ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:  1101 Brickell Ave, Suite N1400  Miami, FL, 33131  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (Iff 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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  I submit this pocument any office how the feets stated herein are true. I am aware that the false information submitted document is the Department of Male constitutes a third degree felony as provided for in s.817.155, F.S.  10.17.31  Required Signature Incorporator	Name and Title:		Name and Title:	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Corporation Service Company  1201 Hays Street  Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Florencia Fernandez  Address:  1101 Brickell Ave, Suite N1400  Miami, FL, 33131  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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Assistant Vest Fronders  Required Signature/Registered Agent  Date  I submit this pocument and affirm that the lates stated herein are true. I am aware that the false information submitted document is the Department and affire constitutes a third degree felony as provided for in \$817.155, F.S.  10.17.31	Addres	s	Address:	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Corporation Service Company				
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Florencia Fernandez  1101 Brickell Ave, Suite N1400  Miami, FL, 33131  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Assistant Note Processor.  Required Signature/Registered Agent  Date  I submit this accument and offirm that the ficts stated herein are true. I am aware that the false information submitted document in the Department of thate constitutes a third degree felony as provided for in \$817.155, F.S.				
Name:  Address:    1201 Hays Street			Calca manifestand a same in	
Address:    Tallahassee, FL 32301		· · · · · · · · · · · · · · · · · · ·	of the registered agent is.	
Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name:  Address:  1101 Brickell Ave, Suite N1400  Miami, FL, 33131  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of tiling: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filling.)  Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be liste 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 certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Assistant Vice Problem  Required Signature/Registered Agent  Date  I submit this focument and offirm that the felts stated herein are true. I am aware that the false information submitted locument in the Department of Mate constitutes a third degree felony as provided for in s.817.155, F.S.		1201 Hays Street	<u> </u>	
The name and address of the Incorporator is:  Name:    Florencia Fernandez	Address:		_	
The name and address of the Incorporator is:  Name:    Florencia Fernandez			<u> </u>	
Name:  Address:  I101 Brickell Ave, Suite N1400  Miami, FL, 33131  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 liste 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Assistant Vice Prosident  Required Signature/Registered Agent  Date  I submit this pocument and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	<u>4RTICLE VII</u>	INCORPORATOR		
Address:  1101 Brickell Ave, Suite N1400  Miami, FL, 33131  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:	The <u>name and a</u>	ddress of the Incorporator is:		
Miami, FL, 33131  Miami, FL, 3	Name:	Florencia Fernandez	<u></u>	
ARTICLE VIII _EFFECTIVE DATE:  Effective date, if other than the date of filing:	Address:	1101 Brickell Ave, Suite N1400		
If an effective date, if other than the date of filing:		Miami, FL, 33131		
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  10.17.31	٨	Required Signature/Registered Agent		Date
10.17.31	submit this pollocument to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false inj ony as provided for in s.817.155, F.S.	formation submitted in
Required Signature/Incorporator Date	4			10.17.31
	Required Sign	per Incorporator	Date	