

To:

Page: 4 of 4

2023-10-23 9:58:33 CDT

13056023977

From: Alex Pina

10/23/23, 3:49 PM

P23000075569

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.

((H230003697973)))



H230003697973ABCD

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 : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

2023 OCT 23 PM 4:38

FILED

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

CLIENT@ALEXPINA.CO

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FUNDASGOL CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2023 OCT 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: FUNDASGOL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5600 NW 84TH AVE

Mailing address, if different is:

Unit A

DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE CHARITY FOR COMMUNITIES IN NEED.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

THE METHOD BY WHICH THE DIRECTORS ARE ELECTED AND APPOINTED WILL BE STATED IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO A VILLASMIL - PRESIDENT

Name and Title: DANIEL I VILLASMIL - VICEPRESIDENT

Address: 5600 NW 84TH AVE

Address: 5600 NW 84TH AVE

Unit A

Unit A

DORAL, FL 33166

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 23 AM 8:59

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ALEX PINA CO.

Address: 8400 NW 36TH ST STE 450

DORAL, FL 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: EDUARDO A VILLASMIL

Address: 5600 NW 84TH AVE

DORAL, FL 33166

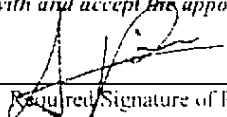
ARTICLE VIII EFFECTIVE DATE:

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

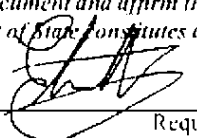


Required Signature of Registered Agent

10/23/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

10/23/2023

Date

FILED
 2023 OCT 23 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FL