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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-0623

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

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
STONEMIX MANAGEMENT INC

Certificate of Status	1
Certified Copy	0
Page Count	04
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COVER LETTER

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

SUBJECT: STONEMIX MANAGEMENT INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $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 REQUIRED

FROM: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 36 ST
Address

VIRGINIA GARDENS, FL 33166
City, State & Zip

305-871-0889
Daytime Telephone number

BARINASB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 STONEMIX MANAGEMENT INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is
5701 NW 36TH ST	5701 NW 36TH ST
VIRGINIA GARDENS, FL 33166	VIRGINIA GARDENS, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

DEYMAR A. DA SILVA LEMOS BERNARDES

Name and Title:

Address 1351 NE MIAMI GARDENS DR
APT 1605 E
NORTH MIAMI BEACH, FL 33179

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: DEYMAR A. DA SILVA LEMOS BERNARDES

Address: 1351 NE MIAMI GARDENS DR APT 1605E

NORTH MIAMI BEACH, FL 33179

ARTICLE VII INCORPORATOR

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

Name: DEYMAR A. DA SILVA LEMOS BERNARDES

Address: 1351 NE MIAMI GARDENS DR APT1605 E

NORTH MIAMI BEACH, FL 33179

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.

DocuSigned by: DEYMAR A. DA SILVA LEMOS BERNARDES 10/13/2023

Required Signature/Registered Agent — 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.

DocuSigned by: DEYMAR A. DA SILVA LEMOS BERNARDES 10/13/2023

Required Signature/Incorporator — Date