

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P23000402879

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SERVIGER CORPORATION
Account Number : 120160000091
Phone : (786)786-3487
Fax Number : (305)635-9868

PM 1:20

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RECEIVED

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

Email Address: jj.serviger@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
VALLE DE AGALTA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

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ARTICLE I NAME

The name of the corporation shall be: VALLE DE AGALTA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2033 NW 42ND ST MIAMI FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. JUAN D. LANZA

Name and Title:

Address 2033 NW 42ND ST

Address:

MIAMI FL 33142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN D. LANZA
Address: 2033 NW 42ND ST
MIAMI FL 33142

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: JUAN D. LANZA
Address: 2033 NW 42ND ST
MIAMI FL 33142

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/Registered Agent

11/22/2023
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.

Required Signature/Incorporator

11/22/2023
Date

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