Division of Corporations Electronic Filing Cover Sheet

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(((H23000425483 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: israelbamfi@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Jaimes Lopez Company Corp.

Certificate of Status	0
Certified Copy	I
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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MH 11: 09

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## ARTICLES OF INCORPORATION

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

RTICLE I NAME e name of the corporation shall be: RTICLE II PRINCIPAL OFFICE				
Principal street address		Mailing address, if different is:		
255 N University Dr., APT 106	<u>-</u>	4255 N C APT 106	4255 N University Dr., APT 106	
			FL 33351	
RTICLE III PURPOSE  the purpose for which the corporation	Investments organized is:	ent and transportation	l	
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				54 
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				· · · · · · · · · · · · · · · · · · ·
		<del></del>		
				<u>(;)</u>
RTICLE IV SHARES 200				3
he number of shares of stock is:				3,
he number of shares of stock is:	•			J,
he number of shares of stock is:  RTICLE V INITIAL OFFICERS	S AND/OR DIRECTORS		President	
RTICLE V INITIAL OFFICERS  Name and Title: Aaron Moise	S AND/OR DIRECTORS es Hernandez Lopez	Name and Title	President	
RTICLE V INITIAL OFFICERS  Name and Title:  Address  Address	S AND/OR DIRECTORS	Name and Title	President	
RTICLE V INITIAL OFFICERS  Name and Title:  Address  APT 106	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr.,	Name and Title	President	
RTICLE V INITIAL OFFICERS  Name and Title:  Address  Address	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr.,	Name and Title	President	
Name and Title:  Address  APT 106  Sunrise, FL.	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr	Name and Title Address:		
Name and Title:  Name and Title:  Name and Title:	S AND/OR DIRECTORS es Hernandez Lopez ersny Dr	Name and Title Address: Name and Title		
Name and Title:  Name and Title:  Name and Title:	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr	Name and Title Address: Name and Title		
Name and Title:  Name and Title:  Address  Name and Title:  Address  APT 106  Sunrise, FL.  Address	S AND/OR DIRECTORS es Hernandez Lopez ersny Dr	Name and Title Address:  Name and Title Address:		
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  APT 106  Sunrise, FL.  Address	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr	Name and Title Address:  Name and Title Address:		
RTICLE V INITIAL OFFICERS  Name and Title:  Address  APT 106  Sunrise, FL.  Name and Title:  Address	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr.,	Name and Title Address: Name and Title Address:		
Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Name and Title:	S AND/OR DIRECTORS es Hernandez Lopez ersity Dr	Name and Title Address: Name and Title Address: Name and Title		
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12/13/2023 17:58 , From:17184082550 To:18506176381 Date Time 12/13/23 05:58PM Pages: 3 P: 3/3 (((H230004254833)))

Name ar	nd Title:	Name and Title:	
Addres		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Aaron Moises Hernandez Lopez	_	
Address:	4255 N University Dr., APT 106		
	Sunrise, FL 33351	_	
ARTICLE VII	INCORPORATOR	_	@ []
The name and a	ddress of the Incorporator is:		
Name:	Aaron Moises Hernandez Lopez	_	
Address:	4255 N University Dr., APT 106	_	
	Sunrise, FL 33351	_	
Effective date, if (If an effective of days after the fi	·		
	e inserted in this block does not meet the applicable effective date on the Department of State's records.		ts, this date will not be listed as
Having been nut this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporgistered agent and agree to	oration at the place designated in act in this capacity
	/s/Aaron Moises Hernar	ndez Lopez	12/13/2023
Required Signature/Registered Agent		<del></del>	Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the ny as provided for in \$.817.1	false information submitted in a 155, F.S.
/s/ Aaron Moises Hernandez Lopez			12/13/2023
Required Signature/Incorporator			Date