

P23000086838

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
AB CALSA SA DE CV CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

2023 DEC 20 AM 11:31

2023 DEC 20 11:31:50

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

ARTICLE I NAMEThe name of the corporation shall be: AB CALSA SA DE CV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1005 SPRING GARDEN RD APT 751 MIAMI FL 33136**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: FREDY CHARABATI ASSE (P) Name and Title: _____Address 1005 SPRING GARDEN RD APT 751 MIAMI FL 33136 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2023 DEC 20 8:56

2023 Dec 20 11:48:56

2023 Dec 20 11:48:56

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: FREDY CHARABATI ASSE
Address: 1005 SPRING GARDEN RD APT 751 MIAMI FL 33136

ARTICLE VII INCORPORATOR

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

Name: FREDY CHARABATI ASSE
Address: 1005 SPRING GARDEN RD APT 751 MIAMI FL 33136

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:

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

Date

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