

P24000007357

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FLORIDA PROFIT/NON PROFIT CORPORATION
FEDERICO FAMILY TRUST CORP.

Certificate of Status	0
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SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05-11-2010 BY 60322 UCBAW/STP

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: ALFREDO GONZALEZ
Address: 12864 BISCAYNE BLVD # 361
NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFREDO GONZALEZ
Address: 12864 BISCAYNE BLVD # 361
NORTH MIAMI, FL 33181

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

1st Alfredo Gonzalez 01/25/2024
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.

1st Alfredo Gonzalez 01/25/2024
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA