

P24000008095

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NATURAL CONEXION CORP

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Help

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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: NALARA MARTINEZ RICO
Address: 132 NELSON RD S
CAPE CORAL, FL 33991

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NAIARA MARTINEZ RICO
Address: 132 NELSON RD S
CAPE CORAL, FL 33991


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


Notary (Jan 30, 2024 18:55 EST)

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.


Notary (Jan 30, 2024 18:55 EST)

Required Signature/Incorporator

Date

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