

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P24000053795**

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : 120200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PACIFICO INK SA CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PACIFICO INK SA CORP(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: EDUARDO ALFONSO ROJAS

Name (Printed or typed)

2020 ALTA MEADOWS LN APT 508

Address

DELRAY BEACH, FL 33444

City, State &amp; Zip

011-506-8726-6092

Daytime Telephone number

eduardorojas4@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

**ARTICLE I NAME**The name of the corporation shall be: PACIFICO INK SA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2020 ALTA MEADOWS LN APT 508DELRAY BEACH, FL 33444

Mailing address, if different is:

2020 ALTA MEADOWS LN APT 508DELRAY BEACH, FL 33444**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: 1000 SHARES OF US \$1.00 POR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDUARDO ALFONSO ROJAS Name and Title: PRESIDENTAddress DEL RESTAURANTE LA LUNA Address: \_\_\_\_\_100 MTS ESTE SUR LOTE C-8GUANACASTE COSTA RICA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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FEB - 8 AM 11:00  
SECRETARY OF STATE  
ALLA HACIA FLORIDA

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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: LAMADRID FINANCIAL SERVICES CORP  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: EDUARDO ALFONSO ROJAS  
Address: 2020 ALTA MEADOWS LN APT 508  
DELRAY BEACH, FL 33444

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 02/08/2024 (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*

ALEXIS LAMADRID

Required Signature/Registered Agent

02/08/2024

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.*

EDUARDO ALFONSO ROJAS

Required Signature/Incorporator

Eduardo Alfonso Rojas02/08/2024

Date

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ALLIANCE OF FLORIDA

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