

P240000012190

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000063521 3)))



H240000635213AECX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : DOCUMENT PLANET INC  
Account Number : I20180000095  
Phone : (305)510-3848  
Fax Number : (786)789-2416

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

Email Address: info@documentplanetinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
GLOBAL PACKAGE ADC CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2024 FEB 15 PM 4:25

2024 FEB 15 1:10:06

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: GLOBAL PACKAGE ADC CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

9050 PINES BLVD  
SUITE 450-4

PEMBROKE PINES, FL 33024

Mailing address, if different is:

9050 PINES BLVD  
SUITE 450-4

PEMBROKE PINES, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leomar Del Castillo Izquierdo (P) Name and Title: Marbeglys Navas Mota (VP)

Address	9050 PINES BLVD	Address:	9050 PINES BLVD
	SUITE 450-4		SUITE 450-4
	PEMBROKE PINES, FL 33024		PEMBROKE PINES, FL 33024

Name and Title: Name and Title:

Address		Address:	

Name and Title: Name and Title:

Address		Address:	

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: Leomar Del Castillo Izquierdo  
 Address: 9050 PINES BLVD SUITE 450-4  
PEMBROKE PINES, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leomar Del Castillo Izquierdo  
 Address: 9050 PINES BLVD SUITE 450-4  
PEMBROKE PINES, FL 33024

**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*

<u>Leomar del Castillo</u>	<u>02/15/2024</u>
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.*

<u>Leomar del Castillo</u>	<u>02/15/2024</u>
Required Signature/Incorporator	Date

((H24000063521 3)))

2024 FEB 15 11:10:26