

**P24000013062**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : ARTURO J. BRAVO ESQ., P.A.  
Account Number : I20220000098  
Phone : (786)374-2372  
Fax Number : (786)416-6145

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

**Email Address:** TEAM@CROSSWISE.LEGAL

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CHEMICAL PROCUREMENT SOLUTIONS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
ALLAH... FLORIDA

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T-J-H  
2/20/24

**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: CHEMICAL PROCUREMENT SOLUTIONS CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>1800 W 68th St 112, Hialeah, FL 33014</u>	<u>1800 W 68th St 112, Hialeah, FL 33014</u>
_____	_____
_____	_____

**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: <u>Juan Miguel Leon, President</u>	Name and Title: <u>Carlos Luis Barcenas, Vice-President</u>
Address: <u>1800 W 68th St 112, Hialeah, FL 33014</u>	Address: <u>1800 W 68th St 112, Hialeah, FL 33014</u>
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
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 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: ARTURO J BRAVO ESQ. P.A.  
 Address: 3105 NW 107th Avenue, Suite 603  
Doral, Florida 33172

**ARTICLE VII INCORPORATOR**

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

Name: Juan Miguel Leon  
 Address: 1800 W 68th St 112, Hialeah, FL 33014  
 \_\_\_\_\_

**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:*

/Arturo J. Bravo/ 02/19/2024  
 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.*

/Juan Miguel Leon/ \_\_\_\_\_  
 Required Signature/Incorporator Date

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 02/19/2024  
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